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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

St. Lawrence Hall,  
Toronto, Ontario  
October 16, 1969







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INTO THE  
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A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman
Ian Campbell,	Member,
J. Peter Stein,	Member,
H. E. Lehmann, M.D.	Member,
James J. Moore,	Executive Secretary.

COUNSEL:

J. Bowlby, Q.C.,	Counsel for the Commission
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RESEARCH:

Dr. Ralph Miller,  
Miss Margaret Aboud.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

October 16, 1969  
St. Lawrence Hall,  
TORONTO, Ontario.

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1  
2 THE CHAIRMAN: Ladies and gentlemen,  
3 I call this first public hearing of the Commission  
4 of Inquiry into the Non-Medical Use of Drugs to order.  
5 And as far as this first meeting in Toronto is  
6 concerned we could scarcely have chosen a more  
7 convenient place than the St. Lawrence Hall. I am  
8 informed that<sup>at</sup> the very first public meeting ever  
9 held here back in 1851, the evening's attraction  
10 was a lecture on slavery. From that point on,  
11 St. Lawrence Hall was used as an arena for the  
12 discussion of just about every important social  
13 and political issue of the day: temperance, free  
14 trade, observance of the Sabbath, the Orange  
15 movement, railway and canal schemes, the distress  
16 of the poor and Confederation itself. One  
17 meeting was called in 1854 in fact to adopt means  
18 to set a limit to our enormous taxation. One  
19 could speak at those early meetings, but at one  
20 point, I am told, the Riot Act had to<sup>be</sup> read on the  
21 front steps as an angry mob tried to force their  
22 way into the Hall. While we will, of course, welcome  
23 any spirited discussion of the issues in the next  
24 three days, we shall not have to resort to such  
25 extreme measures to maintain the appropriate  
26 decorum.

27 The Commission of Inquiry into the  
28 Non-Medical Use of Drugs was appointed by the  
29 Federal Government on May 29th of this year, upon  
30 recommendation of the Honourable John Munro,





1 the Minister of National Health and Welfare.  
2 The Commission has an independent status under  
3 Part I of the Inquiries Act.  
4

5 The Members of the Commission are:  
6 Gerald LeDain, Marie Andree Bertrand, Ian L. Campbell,  
7 Heinz E. Lehmann and J. Peter Stein. The Executive  
8 Secretary of the Commission is James J. Moore.  
9 The Commission counsel is Mr. John Bolsby, Q.C.  
10 The Commission's offices are in the Vanier Building,  
11 222 Nepean Street, Ottawa.

12 The concern which gave rise to the  
13 appointment of the Commission is described in  
14 Order in Council P.C. 1969-1112, which authorized the  
15 appointment in the following words:

16 "... there is growing concern  
17 "in Canada about the non-medical use  
18 "of certain drugs and substances,  
19 "particularly those having sedative,  
20 "stimulant, tranquilizing or  
21 "hallucinogenic properties, and the  
22 "effect of such use on the individual  
23 "and the social implications  
24 "thereof;  
25 "... within recent years, there has  
26 "developed also the practice of  
27 "inhaling of the fumes of certain  
28 "solvents having an hallucinogenic  
29 "effect, and resulting in serious  
30 "physical damage and a number of  
"deaths, such solvents being found





"in certain household substances.  
"Despite warnings and considerable  
"publicity, this practice has  
"developed among young people  
"and can be said to be related to the  
"use of drugs for other than medical  
"purposes;  
"... certain of these drugs and  
"substances, including lysergic  
"acid diethylamide, LSD,  
"methamphetamines, commonly referred  
"to as 'Speed', and certain others,  
"have been made the subject of  
"controlling or prohibiting legislation  
"under the Food and Drugs Act,  
"and cannabis, marijuana, has been  
"a substance, the possession of  
"or trafficking in which has been  
"prohibited under the Narcotic  
"Control Act;  
"... notwithstanding these measures  
"and the competent enforcement  
"thereof by the R.C.M. Police  
"and other enforcement bodies, the  
"incidents of possession and use of  
"these substances for non-medical  
"purposes has increased and the need  
"for an investigation as to the  
"cause of such increasing use has  
"become imperative."



1  
2 In announcing the Commission's  
3 appointment, the Minister of National Health and  
4 Welfare spoke of the "grave concern felt by the  
5 government at the expanding proportions of the use of  
6 drugs and related substances for non-medical  
7 purposes."

8 The terms of references defining the  
9 Commission's inquiry into the non-medical use of  
10 psychotropic drugs and substances mention sedatives,  
11 stimulants, tranquilizers and hallucinogens.

12 For the present, the Commission  
13 understand "drug" to mean any substance which  
14 chemically alters structure or function in the  
15 living organism, and "psychotropic" drugs as those  
16 which alter sensation, feeling, consciousness and  
17 psychological or behavioural functions. The  
18 Commission has tentatively defined "medical use"  
19 in terms of generally accepted medical practice --  
20 under medical supervision or not. All other  
21 use is "non-medical use".

22 By itself, a prescription does not  
23 distinguish medical from non-medical use. A non-  
24 prescription drug like aspirin may be taken for  
25 medical use. Or a prescription drug may be taken  
26 for generally accepted medical reasons, then no  
27 longer required.

28 The Commission is invited by its  
29 terms of reference to "marshal... the present  
30 fund of knowledge concerning the non-medical  
use of sedative, stimulant, tranquilizing,





1  
2 hallucinogenic and other psychotropic drugs or  
3 substances."

4 But since an interim report is  
5 expected within six months, and a final report within  
6 two years, the Commission will have to be  
7 selective.

8 It must consider what appear to be  
9 the principal issues which led to its appointment.

10 The Commission has the initial  
11 impression that its primary focus must be on the  
12 non-medical use of drugs by the young and by  
13 adults as it relates to or affects the use of  
14 drugs by youth.

15 The Commission has drawn up a  
16 preliminary classification of psychoactive  
17 drugs, which falls into the following eight  
18 categories: hypnotics-sedatives; stimulants;  
19 psychedelic-hallucinogenics; opiates-narcotics;  
20 volatile solvents and gases; analgesics(non-  
21 narcotic painkillers); clinical anti-depressants;  
22 and major tranquilizers.

23 The Commission sees its primary  
24 emphasis on the following categories:

- 25 1. The psychedelic-hallucinogenic,  
26 which includes cannabis(marijuana  
27 and hashish), LSD and mescaline  
28 and the other "restricted drugs"  
29 placed under the new schedule J  
30 of the Food and Drugs Act:





DMT, STP (DOM), and DET;

2. the stimulants, including such amphetamines as benzadrine and methadrine -- generally referred to as "speed";

3. the volatile solvents and gases -- often referred to as "delirients", such as glue, nailpolish remover, and paint thinner;

4. the sedative-hypnotics, such as the barbiturates (used as sleeping pills) the minor tranquilizers, and ethyl alcohol;

5. the opiate-narcotics, such as heroin.

Alcohol and nicotine are clearly mood-modifying drugs used for non-medical reasons and therefore within the terms of reference.

However, the Commission could not possibly perform its task if it were required to consider the extensive research carried out on these substances.

A realistic view compels the Commission to regard the non-medical use of alcohol and nicotine in their relation to the non-medical use of other psychotropic drugs. This is also the Commission's position, at least initially, on the non-medical use of the opiate-narcotics, such as heroin.

These so-called "hard drugs" are not excluded from the terms of reference, because



1 they do have psychotropic properties. But as with  
2 alcohol and nicotine, the Commission cannot hope to  
3 do justice to the extensive literature on the  
4 subject. The "hard drugs" are therefore to be  
5 examined in their possible relationship to the  
6 non-medical use of the "soft drugs".

7  
8 Two contentions brought to the  
9 Commission's attention may illustrate what is meant  
10 by "relationship" to the non-medical use of soft  
11 drugs.

12 The first contention is that  
13 extensive social use of alcohol not only creates  
14 a permissive climate of drug use, but also reflects  
15 a provocative injustice and even hypocrisy in our  
16 legislative and law enforcement attitudes. The  
17 second contention is that the use of certain  
18 soft drugs like cannabis(marijuana) leads very  
19 often, if not generally, to hard drug  
20 addiction.

21 What are the issues in this inquiry?  
22 The Commission must investigate the extent of the  
23 non-medical use of mood-modifying drugs in Canada.  
24 That means the pattern of drug use; the drugs and  
25 various groups or populations involved, according  
26 to age, occupation, etc.; the movement from one  
27 drug to another.

28 The Commission must investigate  
29 physical and psychological effects of these  
30 drugs, effects on behaviour of the individual





1 concerned, effects on others, and effects on  
2 society. Finally, and by ~~no~~ means least important,  
3 the Commission must investigate the reasons for  
4 the non-medical use of drugs -- not only the  
5 personal reasons or motivation, but the social,  
6 educational, economic, philosophic and other  
7 reasons. In other words, what is the meaning  
8 or larger significance of this phenomenon?  
9 What is the true nature of the challenge it presents  
10 to our civilization?

11 We have accepted a very difficult  
12 task and we need your help. It is imperative  
13 that we have the views of as many Canadians as  
14 possible. This is not solely a technical  
15 question for experts; it is a broad social issue,  
16 going to the very nature of human existence in  
17 our time. It is a question to which everyone can  
18 contribute a measure of insight and wisdom.  
19 Please come forward and assist us with your views.

20 And now before proceeding to hear  
21 the first submission, I would like to take a few  
22 moments to stress that the public hearing is only  
23 one instrument by which this Commission hopes to  
24 gain information and insight. As has already  
25 been stressed, we will be taking testimony  
26 privately and confidentially from anyone who wishes  
27 to remain anonymous. Should anyone wish to  
28 take advantage of this special protection, I  
29 would suggest that they see Mr. James Moore,  
30





1  
2 Executive Secretary of the Commission, who is  
3 seated on my left.

4 May I now introduce my colleagues  
5 on this Commission of Inquiry. To my extreme  
6 right, Mr. J. Peter Stein; on my right, Dr. Heinz  
7 Lehmann; and on my extreme left, Ian Campbell.

8 In making these introductions  
9 I must refer to the contribution of Professor  
10 Andre Lucier of Montreal who unfortunately  
11 found it necessary, because of the weight of his  
12 professional duties, to discontinue his work with  
13 the Commission. In our association with him,  
14 we found -- discovered that Professor Lucier was  
15 able to make a very valuable contribution to  
16 assist us in carrying out our task. Unfortunately  
17 the fifth member of the Commission, who will be  
18 replacing Dr. Lucier, was unable to be here this  
19 morning, but will join us later in the day.

20 She is Professor Marie Andree Bertrand of the  
21 Department of Criminology of the University of  
22 Montreal. Professor Bertrand was recommended  
23 to us -- highly recommended to us, for her  
24 work in the field of criminology and other forms  
25 of social work.

26 Finally, may I introduce the  
27 members of our staff, whose work will be closely  
28 integrated with the undertakings of this Commission,  
29 Mr. John Bowlby, Q.C., Counsel for this Commission,  
30 Dr. Ralph Miller, Miss Margaret Aboud





1  
2 of our research staff. And now may we proceed to  
3 the first order of business and I call upon  
4 assistant Commissioner Carriere of the Royal  
5 Canadian Mounted Police, to present a brief on  
6 behalf of the Mounted Police. He will be assisted  
7 by Inspector MacAulay and Staff Sergeant Yarkiw.

8 If you would take your seats,  
9 gentlemen, at this table.

10 Before I call upon  
11 Assistant Commissioner Carriere, to present the  
12 brief of the R.C.M.P., I should like to give  
13 those in attendance some idea of the morning's  
14 proceedings. After the brief of the R.C.M.P.,  
15 we will be hearing a brief of the Committee for  
16 the Legalization of Marijuana, and after the  
17 questioning of these two presentations by the  
18 members of the Commission, we will invite  
19 general discussion of these two briefs. We want  
20 to make the conditions as congenial for public  
21 discussion as possible. We want you to feel very  
22 free because the chief purpose of our public  
23 hearings is to have a good public discussion on  
24 the issues. But we think it might facilitate  
25 our proceedings this morning if we heard these  
26 two briefs first and we will be in a position to  
27 discuss them at the end, and if that meets with  
28 your approval, it will form part of the procedure.

29 Commissioner Carriere?  
30





1  
2 ASSISTANT COMMISSIONER CARRIERE: Mr. Chairman,  
3 Members of the Committee, ladies and gentlemen.

4 The R.C.M.P. is honoured and  
5 privileged with the opportunity of appearing before  
6 you. We feel a strong sense of obligation and  
7 responsibility to report to you on a problem with which  
8 we in the Royal Canadian Mounted Police have been  
9 closely associated for half a century. May we  
10 assure you that our interest in drug abuse does  
11 not stem from a purely criminogenic point of view.  
12 As early as 1921, Commissioner Perry reported to  
13 the Minister of Justice in the following words:

14 "I regret to be obliged to state  
15 "that despite the efforts put  
16 "forth, the use of these pernicious  
17 "drugs is increasing instead of  
18 "diminishing. Indeed, our investigat-  
19 "ions have convinced me that the evil  
20 "is greater than it appears upon  
21 "the surface and that a serious  
22 "national menace has arisen. Three  
23 "separate sets of persons are  
24 "concerned in this nefarious traffic;  
25 "the importers and distributors;  
26 "who often operate in a large way  
27 "to make great profits; the  
28 "peddlers, for the most part  
29 "wretched creatures of the lowest  
30 "stratum of society; and the victims,



"or addicts as they are widely  
"termed for whom the keenest  
"sympathy must at times be felt".

Forty-eight years later, the situation  
may be summarized in somewhat similar words, except that  
today the problem is aggravated by the addition  
of the barbiturates, amphetamines, the  
hallucinogens and Marihuana. The problem  
today is much more serious and drug abuse continues  
to threaten the health and welfare of Canada,  
and in the final analysis the very political  
and economic structure of this nation.

Drug abuse is perhaps the most  
misunderstood and controvertial of all social  
problems. This is understandable as it involves  
so very many complex inter-actions.

"A 'drug' is not one drug but a  
"multitude of doses administered  
"under an endless variety of  
"conditions. Each of the  
"psychoactive drugs (or any drug)  
"has a 'no effect' dose and a lethal dose  
"with a multitude of behavioral patterns  
"in the intermediate ranges.  
"Furthermore, the behavior may vary  
"qualitatively as well as  
"quantitatively, for example,  
"excited with small doses and  
"depressed with large doses, and  
"the effects of a single dose vary





"widely from those during chronic  
"administration.

"Moreover, the 'individual' is  
"not one individual but millions  
"of different individuals varying  
"physically - young and old, weak  
"and strong, sick and well -  
"and psychologically - intelligent  
"and stupid, emotionally stable,  
"neurotic, psychopathic, or  
"psychotic. The 'society' is not  
"one society but hundreds of  
"subcultures - civilized and  
"primitive, urban and rural, with  
"different ethnic, religious,  
"cultural and social  
"characteristics."

These words written by Dr. H. Seevers  
aptly explained why there is so much confusion with  
respect to drug abuse and drug control.

The objectives of this Committee  
indicate a very broad field of enquiry. The  
submission we are about to present is therefore  
lengthy and we beg your forbearance in the hope  
that it will assist you in this very difficult  
undertaking.

#### DRUGS OF ABUSE

Drugs generally abused today fall  
into four classes: Narcotic, Controlled,





1 Restricted and others (these include such substances  
2 as glue, solvents, herbs, etc.).

3 The Narcotic Drugs are controlled  
4 by the Narcotic Control Act and include the  
5 opiates, cocaine, cannabis, and the synthetic  
6 opiates. It is important to note that Cannabis  
7 and Cocaine are not true Narcotics, but are  
8 classed as narcotics by designation.

9 Controlled Drugs are those drugs  
10 found in Schedule "G" to Part III of the Food and  
11 Drugs Act. These include the Barbiturates  
12 (depressants), Amphetamines, Benzphetamine and  
13 Methamphetamine (stimulants).

14 Restricted Drugs are drugs  
15 included in Schedule "J" of Part IV to the Food  
16 and Drugs Act. This classification was enacted  
17 only on the 18th of August, 1969, and includes the  
18 hallucinogens - Lysergic acid diethylamide (LSD),  
19 N,N-Diethyltryptamine (DET), N,N-Dimethyltryptamine  
20 (DMT) and 4-Methyl-2,5-dimethoxyamphetamine  
21 (STP) (DOM).

22 There is another classification of  
23 drugs generally abused which falls under Schedule "F"  
24 of the Food and Drugs Act and includes the  
25 tranquilizing and stimulating drugs which are  
26 subject to abuse but to a lesser degree.

27  
28 RESPONSIBILITY FOR ENFORCEMENT

29 The R.C.M. Police have been  
30



1 responsible for the enforcement of the Opium  
2 and Narcotic Drug Act (now the Narcotic Control Act)  
3 since 1920. In 1961 we assumed primary  
4 responsibility for the enforcement of Part III  
5 of the Food and Drugs Act (Controlled Drugs).  
6 In 1963 we assumed responsibility for enforcement  
7 of the provisions pertaining to the illegal sale  
8 of Schedule "H" Drugs (Lysergic acid  
9 diethylamide (L.S.D.) ). These drugs were on  
10 August 18, 1969 transferred to Schedule "J" in  
11 Part IV of the Food and Drugs Act.

12 While we are principally responsible  
13 for enforcing the criminal provisions enacted in  
14 the aforementioned statutes, administrative  
15 responsibility rests with the Division of Narcotic  
16 Control, Department of National Health and  
17 Welfare insofar as the Narcotic Control Act and Part III  
18 of the Food and Drugs Act are concerned, and with  
19 the Food and Drug Directorate insofar as Part IV is  
20 concerned.

21 We are responsible to the Solicitor  
22 General insofar as enforcement conduct is concerned;  
23 we seek legal advice and counsel from the  
24 Department of Justice; we report to the Division  
25 of Narcotic Control and the Food and Drug  
26 Directorate all information relevant to the  
27 various aspects of drug abuse. Similarly, we  
28 look to the Food and Drug Directorate and the  
29 Division of Narcotic Control for technical and  
30





1 statistical information.

2 While primary responsibility  
3 for enforcement rests with the R.C.M. Police,  
4 we wish to acknowledge the very real contributions  
5 made to enforcement by the numerous municipal  
6 and provincial police forces. It is generally  
7 accepted that drug abusers contribute to the  
8 incidence of crime in a community and these  
9 other police forces realize that it is to their  
10 advantage to curtail drug abuse. We encourage  
11 these police forces to participate in enforcement  
12 and assist them in every way possible.

13 I will now deal with the opiates.

14 ---

15 GRAVITY OF THE DRUG ABUSE PROBLEM

16 The Opiates

17  
18 The opiates, of which Heroin is now  
19 the most important, have been with us for almost a  
20 hundred years. A Senate Committee enquired  
21 into the Narcotic traffic in 1955 and we  
22 therefore need not go prior to that date. Between  
23 1955 and 1963, drug addiction and the drug traffic  
24 reached a very high level. Only through intensive  
25 and persistent enforcement was it possible to  
26 contain this problem.

27 The current opiate addict  
28 population is reported by the Division of Narcotic  
29 Control at 3,804. This number includes all addicts  
30





1 known to the Division during a ten-year period.  
2 It does not necessarily account for addicts who  
3 have died, quit Canada or disappeared from the drug  
4 scene for other reasons. It is therefore our  
5 belief that the number of active addicts is  
6 considerably lower. These addicts are distributed  
7 generally in Montreal, Toronto and Vancouver, but  
8 predominantly in Vancouver. The price of Heroin  
9 since 1963 has increased from \$5.00 - \$15.00 per one  
10 grain capsule of adulterated Heroin. This increase  
11 in price is believed to have had a limiting effect  
12 on the number of new addicts, but in spite of  
13 this, the number of new addicts is increasing.  
14 It is perhaps worthy to note that the new opiate  
15 addict of today is dissimilar to the addict of the  
16 1950's. He is usually better educated, younger and  
17 generally has no previous criminal record. This  
18 phenomenon may be explained by the contention  
19 that the new Heroin addict is the product of  
20 the "hippie" sub-culture whose initiating drug was  
21 Marihuana, L.S.D., Amphetamine, etc.

22 The chief source of Heroin over the  
23 past number of years has been France. Lesser  
24 quantities are being imported from Mexico and  
25 the Orient.

26 While our comments on the opiates  
27 have been brief, it must not be implied that  
28 they no longer pose a problem. It is our opinion  
29 that with the increasing amounts of illicit Heroin  
30



1  
2 and Opium available only capital and initiative  
3 are required to exploit these sources and to flood the  
4 Canadian market. Addict and enforcement statistics  
5 will be found in Appendix A.

6 DELERIENTS

7  
8 Because there are no criminal  
9 sanctions with respect to the abuse of solvents,  
10 glues, etc., cases of their abuse come to the  
11 attention of the police only as the consequence  
12 of their use and not when being used; for example,  
13 sudden death investigations, psychotic conduct,  
14 and committal to mental institutions.  
15 These cases are not too frequently encountered;  
16 however, it must be remembered that our  
17 responsibility for enforcement does not cover the  
18 major cities of Canada where these cases are most  
19 prevalent. Isolated cases of glue sniffing  
20 resulting in death generally receive wide publicity  
21 and this creates an impression that this drug is  
22 abused for thrills. We are inclined to believe that  
23 abuse is primarily due to a lack of  
24 appreciation of the true danger involved, and is  
25 motivated almost entirely by curiosity. Increased  
26 public education at the child level and less  
27 sensational publicity would go far toward  
28 controlling this hazard. A suitable additive  
29 rendering the drug repulsive to the sense of  
30 smell should all but curb this practice.





BARBITURATES:

Barbiturates are susceptible to two types of abuse. The first is entirely of a medical nature and involves mainly exceeding the dosage prescribed. Not infrequently this results in a dependency which compels the patient to obtain additional supplies in a criminal manner by forgery, theft or by obtaining prescriptions from more than one physician at the same time. This type of abuse is being challenged by the administrative controls in the Food and Drug Act and of course by police action in appropriate cases.

The second type of abuse relates strictly to the non-medical use, and is most prevalent among alcoholics, old time criminals and addicts who can no longer support a steady opiate habit. Prior to 1961, it was not uncommon for Heroin addicts to be in possession of barbiturates. These drugs were then readily available from legitimate outlets through the medical profession. Since the enactment of Part III of the Food and Drugs Act, and particularly the Regulations controlling legal outlets, this problem has been very greatly alleviated. Controlled drugs are still encountered by police in the hands of what would be unauthorized persons, if legislation existed. Generally speaking, cases of





1 barbiturates being found in possession of known  
2 drug abusers are not reported except when such  
3 possession can be related to a charge of  
4 Trafficking or Possession for the purpose of  
5 Trafficking. For this reason, statistical  
6 information is not readily available.

7  
8 There is no evidence of illicit  
9 manufacture or importation of barbiturates.  
10 Most supplies are obtained on prescription or  
11 through thefts from retail outlets.

12 The medical-social problem  
13 inherent in the use of barbiturates can be  
14 illustrated by a recent survey of Metropolitan  
15 Toronto Police records which revealed that:

16 "during 1968 there were 57

17 "suicides and 322 attempted

18 "suicides involving barbiturates.

19 "It was further estimated that of

20 "the 2,052 female drunk prisoners

21 "processed, 30% used barbiturates in

22 "conjunction with alcohol."

23 Considering that only one police department was  
24 involved, the gravity of the problem can only be  
25 conjectured.

26 AMPHETAMINES AND METHAMPHETAMINE

27 Prior to 1961, the extent of the  
28 abuse of amphetamines and methamphetamine was not  
29 known. Following the enactment of Part III of the  
30



1  
2 Food and Drugs Act, it was found that an extensive  
3 traffic in these drugs existed among long distance  
4 truck drivers. By 1963, through the co-operation  
5 of several trucking firms, publicity, and  
6 investigation, the use among drivers was  
7 virtually non-existent. With the emergence of  
8 Marihuana and L.S.D. abuse, the amphetamine  
9 drugs, particularly methamphetamine, gained  
10 considerable popularity to the point where today  
11 a very active illicit traffic is in existence.

12 Originally, amphetamines were  
13 obtained upon physicians' prescriptions; later,  
14 through forgeries and thefts, and now mainly  
15 through illegal importation and illicit manufacture.  
16 It is extremely significant that during the last  
17 two years intravenous administration of methamphetamine  
18 has become very common. This is significant  
19 in that it illustrates the abuser's desire for  
20 instant pharmacological action. Further, it is  
21 our opinion, and that of several known authorities,  
22 that hypodermic administration of a drug may be  
23 the forerunner of hypodermic administration of the  
24 addicting opiate-like drugs.

25 While methamphetamine has become a  
26 drug of abuse in only the last two years, it is  
27 widely believed that this is one of the most  
28 dangerous drugs, physically and psychologically.  
29 Although pharmacologically, it is a stimulant,  
30 it is taken in quantities sufficient to cause





1 hallucinations and "freak-outs" are a common  
2 occurrence. Information has come to our attention  
3 that in one hospital alone during a five-month  
4 period, 263 persons were admitted as a result of  
5 drug abuse. In most cases, L.S.D. and  
6 methamphetamine were the most common contributing  
7 drugs. 262 of these persons also admitted being  
8 Marihuana users. It is strongly recommended  
9 that the Committee obtain information from hospital  
10 records across Canada and particularly mental  
11 institutions.

12 The enforcement of provisions  
13 relating to barbiturates and amphetamines has been  
14 limited as noted in Appendix B. This is due to the  
15 fact that possession of these drugs is not an  
16 offence; consequently, only secondary attention  
17 has been directed at these drugs from the  
18 trafficking point of view.

19  
20 THE HALLUCINOGENS

21 L.S.D., D.E.T., D.M.T., S.T.P. are  
22 all hallucinogenic drugs, and are regulated  
23 by Part IV of the Food and Drugs Act.  
24 3,4 Methyl-N-Dioxyamphetamine (MDA) is also  
25 a popular hallucinogen of abuse which is not  
26 presently under control. L.S.D. came to our  
27 attention for the first time early in 1963 as the  
28 result of an L.S.D. session which resulted in a  
29 vicious assault on one of the participants.  
30



The drug was brought to Vancouver from California by two Americans, and the session was participated in by a school teacher, a musician and a newspaper reporter. When the newspaperman attempted to leave, he was severely beaten. Although medical attention was required, he was confined to a room and held for several days before he managed to get medical aid. In the meantime, the two Americans returned to the United States where they were subsequently convicted for selling L.S.D. The only legal sanction existing at that time was with respect to the sale of L.S.D.; however, police powers for search and seizure, as well as other legislation to facilitate investigations, were non-existent. The problem did not appear to be out of hand, as our members had very limited contact with persons abusing this drug at that time. By 1965, the Marihuana problem in Canada had grown very greatly and through our investigation of Marihuana offences, we became aware of the extent to which L.S.D. was being abused. Not infrequently, we received reports of tragic consequences attributed to the use of L.S.D. In Toronto, one person died by jumping off a bridge and subsequent investigation supported the theory that he was under the influence of L.S.D. In British Columbia, one person drove his automobile into a lake, and while he was rescued, he admitted being under the influence of L.S.D. and required





1 psychiatric treatment.

2  
3 We have since, Mr. Chairman, seen  
4 many cases of anti-social behaviour not mentioned  
5 in the Brief that have occurred. I would like to  
6 cite them, just a few of these cases. In the  
7 spring of '69, a seventeen year old youth from  
8 Norton, Ontario, was killed in the attempt to fly  
9 in front of a truck. An accompanying friend  
10 admitted he and the victim were under the influence  
11 of L.S.D. and the victim was attempting to fly  
12 like an angel when he was struck by a car.

13 In September, 1969, a hunter heard  
14 a person crying for help high up on one of the  
15 mountain streams. It was found that this was  
16 an injured man unable to move on the side of the  
17 mountain. After considerable risk to the rescuers,  
18 this man was removed from the mountain and taken  
19 to hospital. He was suffering from a badly  
20 lacerated and infected left hand and arm, a broken  
21 collarbone, cuts, bruises and shock. The  
22 following day he gave a statement to the police,  
23 portions of which are quoted here under:

24 "On Sunday afternoon, after

25 "twelve, I had one hit, that is

26 "I took one capsule of L.S.D.

27 "and Methedrine. I took it up

28 "to my place. I was alone.

29 "I had taken L.S.D. once before

30 "in Roman Beach about two months



1  
2 "ago. I went down in the  
3 "residence. I was walking and  
4 "usually it takes about twenty  
5 "minutes before it starts affecting  
6 "me. I was just lying on a bed  
7 "and then started hallucinating.  
8 "I felt I had to get on top of the  
9 "mountain. Everything below was  
10 "deteriorating. I jumped out of the  
11 "window and started walking up  
12 "the hill. I was walking along  
13 "this road and came to the creek  
14 "and climbed up the creek and the  
15 "mountain. I fell many times and  
16 "kept on saying, 'Lord, show me the  
17 "way.', and I ended up where I  
18 "was found. I have taken Marihuana  
19 "before and L.S.D. and so forth."

20 In another city, a seventeen year old youth returned  
21 home from a party under the influence of L.S.D.  
22 He entered his parents' bedroom and had a  
23 conversation with his mother. The following  
24 morning he left for school completely naked and  
25 the temperature at that time was ten below zero.  
26 Following this incident he was hospitalized.

27 I could go on. There are many,  
28 many cases.

29 On the 18th of August, 1969, new  
30 legislation pertaining to L.S.D. and other





1  
2 hallucinogens was proclaimed in force. The true  
3 extent of L.S.D. abuse should now be more readily  
4 assessable. By the same token, control of these  
5 drugs should be greatly facilitated.

6 During the early days of L.S.D.  
7 abuse, it was diverted mainly from legal sources.  
8 The developers of this drug and the only legal  
9 suppliers in Canada, Sandoz Laboratories,  
10 discontinued the distribution of L.S.D. in Canada  
11 when they realized the extent to which L.S.D.  
12 was being abused and the inherent dangers in its  
13 use. Similar action was taken in the United  
14 States. Legal supplies having been curtailed,  
15 L.S.D. was imported from Europe without any fear  
16 of legal consequences, but the greatest supplies  
17 came from illicit laboratories, mainly in the  
18 United States.

19 The dangerous effects of L.S.D.  
20 have been well established and are not in issue,  
21 even among the users. In spite of this, L.S.D.  
22 abuse continues and is on the increase.  
23 Researchers have found that:

24 "Many of the young people  
25 "consider the unauthorized  
26 "use of L.S.D. as being safer  
27 "than Marihuana, hence many  
28 "young people prefer 'pot'  
29 "but use L.S.D. more frequently  
30 "because of the strict legal



"sanctions against Marihuana."

This would suggest that legal sanctions do have a deterrent effect.

A summary of enforcement statistics will be found in Appendix C.

CANNABIS (MARIHUANA)

We have deliberately elected to deal with Cannabis last for two reasons:

- a) Cannabis is now the most extensively used drug, and is the subject of the greatest controversy and
- b) The harmful social and criminal-legal aspects relate to all drugs of abuse and can best be explained in relation to Cannabis.

Cannabis appears under several nomenclatures; Hashish in the Middle East; Kif in North Africa; Ganja, Charas and Bhang in India; Majen in China; Dagga in South Africa; and Maconha in South America. In North America, it is most commonly referred to as Marihuana. While the different names suggest different preparations, they also suggest different potencies, as for example, Hashish is from 5-8 times as potent as Marihuana. It is extremely important that the Cannabis problem be considered not from its least potent





1 constituent, but rather from its most potent  
2 form. Not infrequently Marihuana smokers report  
3 that Marihuana is so harmless that it is not even  
4 intoxicating. They fail to acknowledge, however,  
5 that they may have been smoking Marihuana grown in  
6 a low-resin producing area, or that the drug was not  
7 Marihuana at all.

8 Because it is fashionable for some  
9 to equate the use of Cannabis with Marihuana,  
10 and to ignore the potential dangers inherent in  
11 Hashish, our comments shall henceforth be related  
12 to Cannabis, an all-inclusive term.

13 The use of Cannabis in Canada is  
14 a relatively new phenomenon. Paradoxically,  
15 Cannabis has been legally prohibited since 1923. Some  
16 claim that criminal sanctions were imposed as the  
17 result of pressure from the United States. This is  
18 not true. Canada's leadership in Opium control  
19 dates back to 1908, and when it became apparent  
20 that Cannabis was capable of creating a problem,  
21 Canada acted promptly by including Cannabis as a  
22 drug under Control. In addition, Canada acted  
23 in anticipation of the Convention Protocol  
24 Final Act of 1925 which obligated all parties to  
25 control Indian hemp.

26 Total prohibition of Cannabis  
27 was feasible, as the medical benefits of Cannabis  
28 were limited if not doubtful. This was later  
29 borne out by the absolute deletion of Cannabis from  
30



1 the British Pharmacopeia and the United States  
2 Pharmacopeia, both recognized in Canada as  
3 references for drug standards. Undoubtedly, the  
4 development of known drugs contributed to the demise  
5 of Cannabis as a therapeutic agent. We are  
6 convinced that Canada's decision to prohibit  
7 Cannabis was a sincere effort to prevent any and  
8 all risks inherent in its use. Admittedly, the  
9 prohibition was not preceded by extensive research;  
10 however, in view of circumstances existing at that  
11 time, such considerations were not necessary.  
12 Canada's concern with Cannabis abuse was  
13 demonstrated again in 1938 when cultivation of  
14 hemp was prohibited. This action was taken in  
15 the spirit of the 1936 Convention for the  
16 Suppression of the Illicit Traffic in Dangerous  
17 Drugs, an International Treaty to which Canada  
18 was one of the original signatories.

19 The fact that Cannabis was placed  
20 under control in 1923 without exhaustive study is not  
21 a point in favour of Cannabis, but against it.

22 Abuse of Cannabis in Canada can be  
23 related to the years following 1962. Prior to 1962,  
24 isolated cases of Cannabis use were encountered  
25 but generally in connection with entertainers and  
26 visitors from the United States. Although  
27 Marihuana arrests were effected, sporadically in the  
28 middle forties, its use on a more frequent  
29 basis appeared in Montreal in 1962, in Toronto in  
30





1963, and in Vancouver not until 1965. Abuse arose concurrently with the development of the "hippie" subculture. It began in our universities and spread rapidly to high schools. Today, it is most common amongst the 17-25 age group. In addition, it can be found in virtually every urban centre regardless of size.

The gravity of the abuse of Cannabis is reflected in statistics pertaining to enforcement. The following numbers of persons were charged between 1962 and 1968:

1962	-	20
1963	-	56
1964	-	78
1965	-	162
1966	-	398
1967	-	1,678
1968	-	2,732

and in the first six months of 1969, 2,305.

This is by no means the total number of users, and if anything, merely illustrates the serious deterioration of the problem. Perhaps more significant is the fact that whereas during the earlier years, Marihuana was almost exclusively used, today the trend has been to Hashish. During 1968 in excess of 85 pounds of Hashish were seized as compared to 4 pounds in 1967, 7 pounds in 1966 and virtually none in 1965. It is obvious that Cannabis abuse is consistently on the



1  
2 increase and can now be termed an epidemic.

3 The deterioration of Cannabis  
4 abuse or use can be attributed to several factors,  
5 namely:

6 a) Cannabis is an euphoriant and is  
7 therefore susceptible to abuse.

8 b) It is the focal point of a  
9 drug oriented subculture and is  
10 often used as an ingredient of  
11 rebellion against society.

12 c) It has been subject of extensive,  
13 and often deliberate controversy  
14 based on half truths and  
15 misrepresentations.

16 d) Cannabis is predominantly a  
17 vice of the young middle class,  
18 a group which is extremely  
19 impressionable and which has received  
20 considerable sympathy from a  
21 large segment of the "square"  
22 society.

23 We, in the Royal Canadian Mounted  
24 Police, believe that Cannabis is a dangerous drug,  
25 and that at this point in time, the spread of its  
26 use must be halted at all cost. We, however,  
27 do not base this opinion on a purely medical  
28 point of view. We concede that, subject to new  
29 discovery,

30 "Cannabis causes no known and





demonstrated pathological  
effects which are directly  
due to the action of this  
drug."

However, we contend that the potential danger of a  
drug susceptible to abuse does not lie entirely  
on its pathological capabilities, but  
rather that the problem of drug abuse is one  
which is manifest in three separate problems, viz:

medical

social

crimino-legal

If the question could be resolved mainly on  
medical or pathological grounds, then it would  
be completely untenable to continue controlling  
Heroin, a drug which all authorities agree is  
most dangerous. The significant difference between  
Heroin and Cannabis is that Heroin causes  
physical dependence, whereas Cannabis has not been  
proved to do so. The similarity between the  
two is that both are capable of causing psychological  
dependence. Dr. Henry Brill, testifying before  
the Superior Court of Massachusetts on  
September 25, 1967, unhesitantly stated that,

"Psychological dependence is a

"much more serious medical

"problem than physical dependence".

According to him, "physical

"dependence to Heroin could be



"cured within one or two weeks,  
"whereas psychological dependence  
"is susceptible to periodic  
"relapses even though the  
"entire life of the individual."

It is often stated that there has been  
insufficient, or no research, conducted with  
respect to Cannabis. This may be true insofar  
as Canada is concerned; however, there has been  
considerable research conducted in various parts  
of the world, particularly where Cannabis abuse  
has been a problem. It is on the basis of this  
knowledge and research that the Commission on  
Narcotic Drugs of the Economic and Social Council  
of the United Nations Organization on January 24,  
1968, recommended that all countries concerned  
increase their efforts to eradicate the  
abuse and illicit traffic in Cannabis. May we  
submit a copy of the Resolution as Exhibit (B).  
This Resolution was preceded by a decision of the  
Commission on Narcotic Drugs to no longer refer to  
Cannabis abuse as, "the question of Marihuana"  
but rather as "the problem of Cannabis".

Adding to my brief, I feel that  
there is a very great deal of room for much  
research in the use of Cannabis and its effects.

Cannabis intoxication includes  
"hilarity, often without  
"apparent motivation, carelessness,





"loquacious euphoria, with  
"increased sociability as a result;  
"distortion of sensation or  
"perception, especially of space  
"and time, with the latter reinforcing  
"psychic dependence and being  
"valued under social circumstances;  
"impairment of judgment and  
"memory, distortion of emotional  
"responsiveness, irritability and  
"confusion. Other effects, which  
"appear especially after repeated  
"administration, include lowering  
"of the sensory threshold,  
"especially for optical and  
"acoustical stimuli, hallucinations,  
"illusions and delusions and  
"predispose to antisocial behaviour;  
"anxiety and aggressiveness as a  
"possible result of the various  
"intellectual and sensory derangements  
"and sleep disturbances and  
"various other physical symptoms.  
"For the individual, harm resulting  
"from abuse of Cannabis may include  
"inertia, lethargy, self-neglect,  
"feeling of increased capability  
"with corresponding failure and  
"precipitation of psychotic episodes.



"Abuse of Cannabis facilitates the  
"association with social groups and  
"subcultures involved with more  
"dangerous drugs such as opiates  
"or barbiturates. Transition  
"to the use of such drugs would be a  
"consequence of this association  
"rather than an inherent effect  
"of Cannabis. The harm to society  
"derived from abuse of Cannabis  
"rests in the economic consequences  
"of the impairment of the  
"individual's social functions and  
his enhanced proneness to a social and  
"antisocial behaviour:"

The foregoing is reported in the bulletin of the  
World Health Organization 37, 1965 and is the result of  
studies made by Drs. Nathan B. Eddy, H. Halback, Ing,  
Isbell and Seevers, all recognized authorities in  
the field of drug abuse. Further, Dr. David  
Ausubel found that,

"Chronic users go to great lengths  
"to ensure that they will not be  
"without the drug. Moreover,  
"deprivation may result in anxiety,  
"restlessness, irritability or even a  
"state of depression with suicidal  
"fantacies, sometimes self-





"mutilating action or actual  
"suicidal attempts, all symptoms of  
"a psychological withdrawal  
"syndrome".

Dr. Donald Louria reported that,

"Marihuana may produce all the  
"hallucinogenic effects of which  
"L.S.D. is capable."

and Dr. Harris Isbell et al reported that

"In sufficient dosages, Marihuana  
"can cause psychotic reactions  
"in almost any individual."

In a study conducted by CHOPRA &  
CHOPRA in India, they concluded that,

"Extensive indulgence in Cannabis  
"is apt to produce in healthy  
"individuals and more so in  
"susceptible individuals, mental  
"confusion, which may lead to delusions  
"with restlessness and disordered  
"movements. Intellectual  
"impairment as well as disorientation  
"may show itself in various ways,  
"such as weakening of moral sense,  
"a habit of telling lies,  
"prostitution, theft, pilfering,  
"sex perversions and other  
"disgraceful practices. Sometimes,  
"indulgence may release subconscious



"impulses and lead to violent  
"crimes."

Many proponents of Cannabis will  
point to the La Guardia report of 1944 and suggest  
that the Mayor's report did not find Marihuana  
harmful. May we direct the Committee's  
attention to Dr. E.R. Blumquist's book entitled  
"Marihuana", 1968, pages 114-126, or to the La Guardia  
Report itself, in which the Committee did find that:

"There were alterations in  
"behaviour giving rise to  
"antisocial expression. This  
"was shown by unconventional  
"acts not permitted in public,  
"anxiety reactions, opposition and  
"antagonism, and eroticism.  
"Effects such as these would be  
"considered conducive to acts of  
"violence."

Further, in the same report the Committee reports,

"The conclusion seems warranted  
"that given the potential make-up  
"and the right time and environment  
"Marihuana may bring on a true  
"psychotic state".

This may explain why the 1939 studies in New  
Orleans disclosed that the number of Marihuana users  
among major criminals was very high, having regard  
to the criminally predisposed population of that





1  
2 time and of that area. Perhaps this manifestation  
3 has not been observed in Canada because Cannabis  
4 is a vice of the middle class, which is not so  
5 predisposed; however, in India, the CHOPRAS  
6 reported that,

7 "Fits of aggressive mania are not  
8 "infrequently observed after  
9 "indulgence of Cannabis,  
10 "particularly of smokers. The studies  
11 "carried out in mental hospitals  
12 "and in prisons show that not  
13 "infrequently, addiction to Cannabis  
14 "preparations was the immediate  
15 "cause of sudden crime, such as  
16 "murder."

17 The foregoing capabilities of  
18 Cannabis are not mere generalizations, but  
19 observations by trained medical and social experts.  
20 To these, may be added new discoveries, not yet  
21 conclusively proved, that Cannabis causes  
22 chromosomal aberrations.

23 I prefer to say may cause  
24 chromosomal aberrations.

25 Let us now consider the social  
26 aspects of Cannabis abuse. There are in Canada  
27 a large number of young and able-bodied people,  
28 pre-occupied with Cannabis, leading a life of  
29 indolence. Not only are these people not contributing  
30 to the economy of Canada, but we believe that many



1  
2 are a charge against the public purse through  
3 welfare assistance. The wastage in human  
4 resources is real and should be considered in any  
5 study of this problem. We are currently  
6 experiencing a perversion of the social mores,  
7 with illegitimate births and disease as a  
8 consequence, to say nothing of the virtual  
9 destruction of the family unit.

10 The social consideration can best  
11 be described in the words of Dr. McLelland of  
12 Harvard University, when it became apparent that  
13 the experiments of Drs. Leary and Alpert had  
14 left the realm of science and turned to the  
15 evangelism of the drug experience.

16 "It is probably no accident that  
17 "the society which most consistently  
18 "encouraged the use of these  
19 "substances, India, produced one  
20 "of the sickest social orders  
21 "ever created by mankind, in  
22 "which thinking men spent their  
23 "time lost in the Buddha position  
24 "under the influence of drugs,  
25 "exploring consciousness and in which  
26 "poverty, disease, social  
27 "discrimination, and superstition  
28 "reached their highest and most  
29 "organized form in all history."

30 Perhaps the most disturbing factor





1 of Cannabis use is the transition to other drugs.  
2 We are not suggesting that Cannabis, through  
3 some pharmacological quality, automatically compels  
4 a user to more potent drugs.  
5

6 Recently, we concluded a two year  
7 study of this problem and documented evidence  
8 proves indisputably that in many many cases a  
9 transition from Marihuana to Heroin does take  
10 place, but not necessarily directly, and  
11 certainly not in every case. The transition is  
12 generally from Marihuana to Hashish to  
13 methamphetamine and L.S.D. and then to the opiates.  
14 In many cases multiple drug usage prevails.  
15 Our survey revealed that during the past two years,  
16 127 opiate addicts named their first drug of abuse  
17 as Marihuana. This is extremely significant  
18 when the number of new opiate addicts is compared  
19 to the number of Cannabis prosecutions instituted.

20 In 1962 we had 30 new opiate  
21 addicts and the number of prosecutions was 20.

22 In 1963, new addicts was 56,  
23 the number of Cannabis prosecutions was 56.

24 In 1964, the new addicts was 70  
25 and the number of prosecutions was 78.

26 In 1965, the new addicts, 197, the  
27 number of Cannabis prosecutions 162.

28 In 1966, 203 new opiate addicts,  
29 the number of Cannabis prosecutions 398, and  
30 in 1967, the last year we have figures, 255 new



1  
2 opiate addicts and the number of Cannabis  
3 prosecutions, had risen to 1678.

4 I don't suggest, gentlemen, that  
5 this is an infallible gauge, but there is a trend.

6 It will be noted that the new  
7 opiate addict population increased in direct  
8 proportion to the number of Marihuana offenders  
9 detected. It should also be noted that the number  
10 of addicts increased at a time when the price of  
11 Heroin of from \$15.00 - \$20.00 per capsule  
12 is self-prohibiting. As previously stated, the  
13 new addicts in former years generally came  
14 from the poorly educated and unskilled labour  
15 groups in the age range of from 25-34 years  
16 and most had previous criminal records. Today, the  
17 new addicts encountered are generally in the  
18 20-34 year age range, but addicts under twenty  
19 are not uncommon. The new addict is better  
20 educated and lacks a previous criminal record.  
21 It is significant that in our Undercover Operations,  
22 our agents, who assume the role of a "hippie"  
23 can without difficulty move towards the Heroin  
24 trafficker, who seems ready to serve this type of  
25 addict. While much time is spent discussing the  
26 transition from Marihuana to Heroin, transition  
27 from Marihuana to Hashish, amphetamines,  
28 methamphetamine, L.S.D., and the other hallucinogens  
29 is being overlooked. The sudden shift to the use  
30 of Hashish since 1966 would indicate that the





1 contemporary Cannabis user is no longer satisfied  
2 with the mild Marihuana intoxication. This may be  
3 attributed to a build up of tolerance, or it  
4 may indicate a definite progression to more  
5 potent drugs. It is noteworthy to mention that it is  
6 now not uncommon to encounter Marihuana, Hashish,  
7 amphetamines, L.S.D., and Heroin, all  
8 concurrently in the possession of one individual  
9 or one group of persons.

10 In addition to our survey, we  
11 submit the following information received from  
12 other sources:

13 a) Statistics compiled by the  
14 Division of Narcotic Control,  
15 Department of National Health and  
16 Welfare, for the year 1967  
17 reveal that 33 persons found in  
18 possession of Marihuana admitted using  
19 opiate-type drugs.

20 b) A survey by an English  
21 psychiatrist studied 80 Heroin  
22 addicts and found that all 80 had  
23 first used Marihuana and considered  
24 its effects second only to those  
25 of Heroin. The large transition  
26 to Heroin is not unrealistic when  
27 viewed in light of the fact that  
28 Marihuana abuse has been a long  
29 standing problem in England. It  
30



1  
2 is also a fact that opiate  
3 addiction has increased  
4 dramatically since 1961.

5 c) The U.S. Clinical Research  
6 Centre, Lexington, Kentucky,  
7 reported in 1967 that of 1,759 narcotic  
8 addicts, 80% had used Marihuana  
9 prior to their addiction.

10 d) The Addiction Research  
11 Foundation of Ontario interviewed  
12 222 Marihuana smokers of which  
13 47.2% admitted having used opiates  
14 and 19.6% admitted using  
15 opiates on a regular basis.

16 e) The Drug Addiction Foundation of  
17 British Columbia has conducted  
18 considerable research on the  
19 graduation from Marihuana to the  
20 opiates. We understand that a  
21 representative from the Foundation  
22 will be appearing before this  
23 Committee; nevertheless, may it be  
24 recorded that, according to the  
25 Foundation's findings, a student who  
26 uses Marihuana is 5.7 times more  
27 likely to use Heroin than a student  
28 who has never used Marihuana.

29 They further report that so far  
30 this year, of the new Heroin addicts appearing





1  
2 at the clinic for assistance, 72 reported using  
3 Marihuana first. We in the enforcement field are  
4 convinced beyond all doubt that the use of  
5 Marihuana frequently leads to Hashish and to  
6 the more potent hallucinogens, amphetamines and  
7 eventually to the opiates.

8 Speaking to this brief I have just  
9 came in possession of a report of the U.S.  
10 Presidential Task Force relating to narcotics  
11 on Marihuana and dangerous drugs, dated June the 6th,  
12 1969, and speaking to the same thing.

13 "In the U.S. 85 to 95% of Heroin  
14 addicts reported they used drugs  
15 with Marihuana. In discussing  
16 the question of progression it is  
17 vital to distinguish between the  
18 casual experiment with Marihuana  
19 and the regular continuing use.  
20 The casual experimenter is not  
21 dependent upon the drug. The  
22 regular and continued user may well  
23 be dependent upon it. Once he  
24 has become psychological dependent  
25 on one drug as opposed to cope  
26 at life's best the user is  
27 more susceptible to the acquisition  
28 of a larger, to the medium of a  
29 stronger drug. The progression is,  
30 however, probably not a consequence



that the pharmacological properties of sociological and psychological factors present in a vulnerable minority user of ghetto situations where both drugs are freely available and sometimes from the same suppliers, the progress based on availability. A heavy Marihuana user is more likely to be pretty well supports what we say and this is a very recent study."

Of great relevance to enforcement are the crimino-legal ramifications of drug abuse. While we do not view the drug abuse problem from a strictly criminogenic point of view, its relevance lies in our obligations through International agreement. Canada has been a signatory to every International agreement on Narcotics and Dangerous Drugs since 1909. By virtue of the Single Convention on Narcotic Drugs, 1961, which was ratified on December 14, 1964, and which is now recognized by nearly 80 nations, Canada is obligated to control Cannabis, which is listed in Schedule IV to the Convention, and places Cannabis in the same class as Heroin. This did not happen accidentally, but rather through recommendations of the World Health Organization Expert Committee, we submit that we are obligated to provide strict criminal sanctions



1  
2 against the use and traffic in Narcotic drugs,  
3 including Cannabis. Can Canada remove Cannabis  
4 control without revoking the Convention?

5 Cannabis is totally prohibited in  
6 Canada and is therefore available only through the  
7 illicit traffic. Until recently, the traffic  
8 consisted of the movement of Cannabis between the  
9 users; however, at the present time, the traffic  
10 is conducted in a very professional and criminal  
11 manner with monetary gain being its primary objective.  
12 No longer are we encountering "baggies" of  
13 Marihuana, but virtually hundreds of pounds  
14 of Hashish smuggled by means similar to those  
15 used to smuggle Heroin. The domestic trafficker  
16 is now offering not only Heroin, but Cannabis,  
17 L.S.D., methedrine and other drugs of abuse.  
18 Originally, Cannabis occurred exclusively among  
19 the entertaining groups and later among the "hippie"  
20 and pseudo-intellectual groups. Today, it  
21 is not uncommon to find Cannabis in the hands of  
22 the criminals.

23 Another important factor to consider  
24 is whether Cannabis causes the user to commit  
25 acts of violence. On the basis of information  
26 developed in countries where Cannabis has been used  
27 over a long period of time, we submit that there is  
28 sufficient evidence to support that Cannabis  
29 intoxication can induce acts of violence.

30 Professor C.G.Gardikas of Greepe





1  
2 analysed a group of 379 Hashish smoking criminals.  
3 He found that 117 of these became criminally  
4 inclined only after their habituation to Hashish.  
5 They had between them more than 420 sentences for  
6 assaults, woundings, threats, robberies,  
7 manslaughter, and sex offences.

8 A review of literature by Mr. Donald  
9 E. Miller, Chief Counsel of the U.S. Bureau of  
10 Narcotics suggests that criminal behaviour  
11 may be stimulated by Cannabis in any of the  
12 following ways:

- 13 a) Use by criminals to fortify  
14 their courage prior to committing  
15 crimes.  
16 b) Chronic use resulting in  
17 general derangement and demoralization.  
18 c) Use resulting in the lowering of  
19 inhibitions and bringing out  
20 suppressed criminal tendencies.  
21 d) Use resulting in panic, confusion  
22 or anger induced in otherwise normal  
23 persons who have not been previous  
24 users.

25 And again, going outside of my  
26 brief, Mr. Chairman, I would like to quote a few  
27 paragraphs from the special Presidential Task Force  
28 relating to narcotics, Marihuana and dangerous drugs,  
29 of June 6, 1969:

30 "Aside from the fact that



"Marihuana use and possession  
"is in itself a crime, it has not  
"been proven that its use is a  
"direct cause of other types of  
"criminal behaviour. "

My own hypothesis is that the user of Marihuana  
loses his inhibitions, but the effect of the drug  
will depend on the individual and the circumstances,  
but will not necessarily or inevitably lead to  
aggressive behaviour or crime. The response  
would depend more on the individual than the drug.  
Medical evidence neither proves nor disproves  
that Marihuana is a harmful drug.

We cannot offer an abundance of  
evidence that in Canada, crime is induced by  
Cannabis, however, it may be significant that  
during a two year period, 1967 and 1968, in excess of  
32 persons were found in possession of firearms  
when arrested on Cannabis charges. This is  
extremely significant when compared with the  
rare occasions when firearms were found in  
possession of known criminals engaged in the use  
and traffic of Heroin.

The same is true, gentlemen, in  
1969.

Finally, we must consider whether  
Cannabis compels the user to crime in support of  
his habit. Generally speaking, the cost of  
Cannabis in comparison to other drugs is quite low -





1  
2 \$1.00 per cigarette as opposed to \$15.00 per capsule  
3 of Heroin or \$5.00 per dose of L.S.D.

4 Notwithstanding this cost differential, there is  
5 continuing evidence that Cannabis users do  
6 indulge in criminal activity other than offences  
7 created by legislation against Cannabis.

8 Now this, ladies and gentlemen,  
9 are statistics from reports of our undercover  
10 people across Canada who have associated with  
11 these people, and have discussed this. I am  
12 not suggesting that they committed major crimes,  
13 but a lot of hold ups and breaking and entering.

14 Recently, grave concern has been  
15 expressed that many young persons were being  
16 given criminal records for offences considered  
17 trivial, often described as merely foolish acts  
18 on the part of these youngsters. We also are very  
19 sensitive to the acquirement of criminal records  
20 by the young of our nation; however, the  
21 Identification of Criminals Act does not bring  
22 criminal records into existence. A criminal  
23 record is created by a person being convicted of  
24 an offence contrary to the criminal law. We  
25 have reason to believe that many users already are  
26 or will be involved in offences not related to  
27 drugs.

28 A sampling of cases - the first  
29 100 files in British Columbia in 1968  
30 and 1969, and the first 100 files in Ontario



1  
2 in 1968 - revealed that 85 persons were charged  
3 first with criminal offences other than those  
4 relating to Cannabis. This number may be larger,  
5 however, a complete examination of Criminal Records  
6 was not possible as several cases have not been  
7 disposed of in Court, therefore, these cases  
8 could not be related to Criminal Records.  
9 Nevertheless, 85 out of 300 is a very  
10 significant representation.

11 The record of cases is included  
12 in Appendix F. It will be noted that some of the  
13 offences are indeed of a very serious nature,  
14 particularly in view of the ages of the persons  
15 involved. You will note that these serious  
16 offences include Rape, Indecent Assault, Armed  
17 Robbery, Housebreaking and Assaults. Appendix  
18 F reveals that there were 240 males charged as  
19 opposed to 35 females, or that females comprised  
20 less than 15% of the persons charged.

21 Appendix F also reveals that  
22 138 of the 240 persons, who stated an occupation,  
23 or 57% gave their occupation merely as labourer,  
24 or unemployed. We believe that most of these  
25 are actually unemployed. In a recent study  
26 on "Marihuana Users in Toronto" conducted by  
27 A. Coleclough and L.A. Hanley the researchers  
28 divided Cannabis users into three distinct  
29 groups - The Beats, the Swingers, and The Squares.  
30 The Swingers include some members of the criminal





1 element, and fringe members of the criminal element  
2 who may be steadily employed. The researchers  
3 reported that the swingers made up 45% of the  
4 Marihuana using population and that 78% of this  
5 group admitted to having Criminal Records for profit-  
6 motivated offences, such as living from the avails  
7 of prostitution, breaking and entering, theft,  
8 gambling, and frauds. The offence of assault  
9 was a common denominator to most of the sample.  
10 Talk of violence and displays of violence were  
11 common. We submit that the samples in Appendix F  
12 bear this out, and that many Cannabis users will  
13 resort to crime and violence and that  
14 furthermore a study in depth would support this  
15 view.

16 While we, in enforcement, are very  
17 much concerned, the price of criminal records for  
18 drug offences may be a very modest price to pay  
19 if we are saving hundreds of thousands of our youth  
20 from the scourge of drug abuse. Certainly, the  
21 establishment of criminal records is merely  
22 incidental to the drug abuse problem and by no means  
23 part of it.

24 In consideration of all the factors,  
25 we submit that Cannabis is a drug dangerous to the  
26 user and to the health and welfare of mankind.  
27 While we represent only the Royal Canadian  
28 Mounted Police, this view is fully supported by  
29 all police forces across Canada as evidenced by the  
30





1  
2 resolution passed at the Canadian Association of  
3 Chiefs of Police Conference on September 6, 1968,  
4 which is submitted as Exhibit B.

5 Again, Mr. Chairman, the medical  
6 association is not included in the brief, but it  
7 just came to my attention today, the medical  
8 association as such, is a public health problem,  
9 but while no physical dependence developed,  
10 this does not mean that it is an innocuous drug.  
11 Further research is considered essential. The  
12 World Health Organization recently affirmed its  
13 previous opinion that Cannabis is a drug of  
14 dependence for uses in public health and social  
15 problem and that its control must be continued.  
16 This report from the World Health Committee is  
17 a technical report, series 407 of 1969, page 19.

18 The Marihuana danger is not ---  
19 returning to the brief, gentlemen --

20 The Marihuana danger is not recognized  
21 by police in Canada alone but by police around the  
22 world, as evidenced by the resolution unanimously  
23 passed at the Annual Conference of I.C.P.O.  
24 (Interpol) at Kyoto, Japan in October, 1967.  
25 (Exhibit C).

26 Exhibit C covering this is attached  
27 and I suggest that we should really have used the  
28 better term, Cannabis.

29 The International Narcotic  
30 Enforcement Officers' Association, an association



1 of drug abuse-minded persons from around the  
2 world, whose membership includes peace officers,  
3 medical and social scientists, as well as the  
4 manufacturers of drugs, and laymen, unanimously  
5 condemned the use of Cannabis at their  
6 Convention in Louisville, Kentucky, during the  
7 fall of 1967.

8 A copy of this Resolution,  
9 Exhibit D, is attached.

10 Finally, the Committee's  
11 attention is directed to a judicial enquiry  
12 conducted in the Superior Court of the Commonwealth  
13 of Massachusetts in 1967, Commonwealth v. Joseph D.  
14 Leis and Ivan Weiss. This was one of the broadest  
15 enquiries on Marihuana ever conducted. Evidence  
16 was received from experts on behalf of both sides,  
17 and the review included constitutional, legal,  
18 social, medical and human rights issues. The  
19 presiding Justice, G. Joseph Tauro, found  
20 Marihuana a harmful drug and ruled against the  
21 appellants on all issues.

22 A review of the complete  
23 transcript of evidence and arguments would be  
24 enlightening; for the sake of brevity we  
25 submit a copy of the judgment as Exhibit E.

26 Exhibit E is attached to our  
27 brief, Mr. Chairman.

28 Certainly such a preponderance of  
29 expert and unbiased opinion cannot be ignored.  
30





1  
2 Would it not be appropriate to ask, "What good  
3 can be said about Cannabis?", rather than  
4 "What is wrong with Cannabis?"

5 MOTIVATION UNDERLYING THE NON-MEDICAL USE OF DRUGS

6  
7 Before I start on this, I am not  
8 expert on this, and this is a most difficult  
9 subject, and I am sure it is a subject that no one  
10 can fully answer.

11 Far be it for us to attempt to  
12 ascribe the causes for drug abuse. This is  
13 an area for the social scientist; nevertheless,  
14 from the police point of view, it is apparent  
15 to us that the basic cause for drug abuse is  
16 contagion. While there may be underlying  
17 psychological and psychiatric causes, the  
18 actual spread of drug use from one person to  
19 another is effected through the association  
20 of persons found in a particular drug abuse-  
21 oriented milieu. Drugs continue to be abused  
22 because they produce pleasurable effects.  
23 It is an elementary fact that humans will take  
24 risks to obtain that from which pleasure and  
25 satisfaction is derived. For example, man  
26 will risk venereal disease and the break-up of  
27 a family through adultery; promiscuity and  
28 prostitution; misery and mental and liver  
29 disease through alcohol; consequences of the  
30 law through criminal behaviour. Is it any wonder



1  
2 that drugs are abused in spite of all the risks  
3 involved?

4 PROBLEMS OF COMMUNICATION

5  
6 Confronted with the serious problem  
7 of drug abuse, many authorities recommend  
8 education as a cure-all. Education involves  
9 communication. Assuming that we were correct  
10 in the theory of risk, it is submitted that  
11 education of the initiated may be of little value.  
12 On the other hand, education may deter the  
13 uninitiated.

14 There is yet another problem  
15 involving communication - credibility. Because  
16 drug abuse in Canada was generally limited in  
17 scope and in numbers, research and education was  
18 not deemed imperative. On the other hand,  
19 drug abuse, involving particularly the  
20 psychedelics, because of its insidious nature,  
21 was gaining a foothold in universities, including  
22 not only the student body but also some  
23 faculty members. Motivated by new moral, or  
24 immoral, standards and new ideals, and aided by  
25 status and literary facility, a sudden challenge  
26 was made to existing mores but more specifically  
27 to the "square" society which denied the  
28 uninhibited use of drugs. Through fast means  
29 of communication, including a sometimes  
30 irresponsible mass media and through increased



1  
2 mobility, the drug cult was born in many  
3 universities and shortly thereafter in virtually  
4 every urban community. A flood of irresponsible  
5 literature, authored by persons who were no longer  
6 interested in the new ideals, but were promoting  
7 the psychedelic experience, began to appear.  
8 Even today, the drug abusers' reference book  
9 is David Solomon's "The Marihuana Papers"  
10 and Part I of the La Guardia Report. The latter  
11 is misinterpreted deliberately, and the former  
12 is dedicated to achieve the legalization of  
13 Marihuana.

14 It is regrettable also that the  
15 medical profession was completely unprepared  
16 when confronted with the new problems of drug  
17 abuse. Some dug deep into historical  
18 legendry and merely created a credibility gap,  
19 while others confined their research to information  
20 appearing in the then current journals and mass  
21 media. By status, both were looked upon as  
22 experts, yet both were incompetent. We submit that  
23 false and irresponsible communication  
24 contributed more to the present chaotic state  
25 than any other factor.

26 And Mr. Chairman, before making my  
27 concluding remarks --- I have been long enough, I am  
28 sure -- I would like to bring to the attention  
29 of the Commission Appendix E, special attention,  
30





1 incidents of drug abuse.

2  
3 THE CHAIRMAN: Excuse me. But  
4 you tell us what the general nature of this  
5 appendix is?

6 COMMISSIONER CARRIERE: It is  
7 the instance of drug abuse and it has figures  
8 particularly to do with the use of Cannabis and  
9 while I don't intend to speak at length on it,  
10 what I want to point out, Mr. Chairman, is that  
11 we have, for Cannabis, made to us the known users  
12 and we also have at the request of the Commission  
13 tried to estimate the number of people who might  
14 be using this drug, and I want to point out that  
15 we don't claim that this is a high degree of  
16 validity. We tried to do the best we could,  
17 but it is most difficult to make estimates.  
18 We may tend to be too conservative and we don't  
19 expect these figures would include the  
20 experiments of those who may have used Cannabis  
21 once or twice. That is all I want to say as  
22 to Exhibit E.

23 My concluding remarks are very  
24 short, Mr. Chairman, ladies and gentlemen.

25 It is the opinion of the  
26 Royal Canadian Mounted Police that to encourage  
27 a drug-oriented society is a retrograde step,  
28 and that every effort must be exerted to  
29 suppress this trend.

30 Thank you, Mr. Chairman.



1  
2 THE CHAIRMAN: Thank you, Mr.  
3 Commissioner.

4 Do members of this Commission have  
5 questions with respect to this brief? Mr. Campbell?

6 MR. CAMPBELL: I notice, Mr.  
7 Commissioner, on page 12 of your brief, you referred  
8 to the fact that the strict control of Marihuana  
9 can, in some instances, lead to an increase in the  
10 use of L.S.D. and other drugs. This is inferred  
11 from remarks on page 12 of your brief.

12 I wonder, does this concern the  
13 R.C.M. Police that -- I take it, it is agreed that  
14 "acid" is <sup>a</sup> more dangerous drug than Marihuana?  
15 Do you see a risk that heavy control of Marihuana  
16 would in fact, increase the use of acid?

17 ASSISTANT COMMISSIONER CARRIERE: I  
18 am not at liberty to say, Mr. Chairman. I  
19 believe it would occur, just because it is there.  
20 It is my belief that having started it -- one  
21 type of drug, the user goes on to other  
22 experiments with them, providing that they are  
23 available. Right across Canada, our investigators  
24 have found that where there are so many known  
25 users of Marihuana, regardless of which drug  
26 they started on, they seem to go all the way  
27 around the soft drugs, the majority of them.  
28 It is a question of availability, who they  
29 associate with. I am not prepared to say.

30 MR. CAMPBELL: Another thing I





1  
2 would like to pick up, where you say Marihuana  
3 use is a serious enough problem that it must be  
4 controlled at any cost. It would seem clear  
5 from the evidence that we have ----

6 THE CHAIRMAN: Excuse me, what  
7 page of the brief is that?

8 MR. CAMPBELL: 16, page 16.  
9 "Marihuana spread must be controlled at all cost."  
10 Now, I am wondering where we have had facts  
11 that a very rapid and extensive spread of  
12 Marihuana use, it would seem clear that the  
13 existing mechanisms of control have not worked  
14 and in fact, the use of these drugs is still  
15 increasing apparently very rapidly, which I would  
16 take as further evidence that the existing means  
17 of control have not worked, and at the moment,  
18 I think, are not showing much promise of working.

19 Now, if it is to be controlled  
20 at any cost, what additional steps would the R.C.M.P.  
21 believe are necessary and desirable to this end?

22 ASSISTANT COMMISSIONER CARRIERS: We  
23 believe that additional manpower at the federal  
24 level is necessary; we believe that additional  
25 trained personnel in the provincial and city  
26 forces is necessary; and we believe that there be  
27 more education to be initiated in the dangers  
28 in its use.

29 But by control, I must say, when you  
30 say eradicated, I don't think that you will ever



1  
2 eradicate the use of drugs. It has been going on  
3 for a thousand years. But by control, I mean  
4 bringing it down to an acceptable level, so it is  
5 not spreading at a very alarming rate throughout  
6 our society.

7 MR. CAMPBELL: It is your opinion,  
8 in that context, Mr. Commissioner, that the use of  
9 Marihuana at the present time would then be  
10 susceptible to control. It would be not correct  
11 to draw an analogy with the use of alcohol during  
12 prohibition that it may have passed a point that  
13 legal control will work.

14 ASSISTANT COMMISSIONER CARRIERE: I  
15 don't believe that. If you have -- I want to  
16 use the word Cannabis, because to perceive almost  
17 50% involved, whereas some use Hashish and the other  
18 50% are using Marihuana and it is this, there is  
19 certainly an accepted fact in our culture that the  
20 majority drink it to be sociable, get a slight  
21 lift, but certainly not the majority to get  
22 stupid drunk.

23 But invariably the users of Cannabis  
24 drink to get fully high, that is, smoke to get  
25 fully high. It is not -- that is not just the  
26 purpose at all, and that is why I consider it  
27 a much more dangerous, forgetting all else,  
28 dangerous type of habit in our society.

29 THE CHAIRMAN: Mr. Stein?

30 MR. STEIN: Yes. I wonder, Mr.  
Commissioner, in light of the report of the





1           Ouimet           Commission which was released a few  
2 weeks ago and where it says a social problem  
3 should not be dealt with as a crime, but as a last  
4 resort where all other methods and alternatives  
5 should be explored.

6                           Would you have any comment on this?  
7 Are you familiar with it?

8                           ASSISTANT COMMISSIONER CARRIERE: I  
9 have not had the time or opportunity to read the

10           Ouimet       Report, except excerpts in the press.

11                          MR. STEIN:    The reason I raise it,  
12 is there have been lots of people who suggested to  
13 us that the question of the way in which we deal  
14 with the user of Marihuana creates a greater  
15 social problem for our society than the actual  
16 effect or use of the drug and I refer you to the

17           Ouimet   Report in relation to this.

18                          I have one other question ---

19                          ASSISTANT COMMISSIONER CARRIERE: I  
20 didn't answer --

21                          THE CHAIRMAN:    Are you competent  
22 to answer, witness?

23                          ASSISTANT COMMISSIONER CARRIERE: On  
24 what we have said, Mr. Stein, if it is inferred  
25 that we legalize it, the R.C.M. Police does not  
26 agree with it.

27                          MR. STEIN:       I was considering  
28 the creation of laws with respect to social problems,  
29 but you haven't seen the report, so perhaps ---  
30





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May I ask one other question?

You referred at length to various examples of criminal behaviour that the R.C.M.P. felt was related to Marihuana use. The question is, the extent to which these examples draw a population of incarcerated criminals, in other words, the Lexington, Kentucky reference and the 1900 Narcotics Act and the other reference here, usually indicate a population of individuals who are totally imprisoned.

The question I have here, is to what extent does this population reflect the actual population of users in our community, in other words, is this merely a very small fragment of the population of users that we are looking at, for instance, from the criminal behaviour?

ASSISTANT COMMISSIONER CARRIERE: It is certainly more than the use of L.S.D. but we find by the same token that the majority, the big majority of Marihuana users are multiple users. In fact, it is very very difficult to know when they don't speak out, just how many drugs they have taken because they, themselves, don't know. In fact today, I dare say there is all kinds of the so-called drugs being sold, and there are no drugs at all in them. The effects are the imagination of the person taking them. Insofar as Lexington is concerned, they are not necessarily all criminals, people who are addicted to



Heroin, and that is essentially what that is for, for people who do commit themselves, and a large percentage are criminals, brought about by their need for drugs, and I would not be ready to say, that as far as Marihuana is concerned, it produces a high incidence of serious criminal acts, but from the information that we have, those who are involved in Marihuana and other soft drugs, I am not talking about hard drugs, because with the high cost, they must commit frequent and very serious criminal acts to get funds -- when you need \$50 to \$100 a day to support a habit, you just don't get that working on a regular job. But in the users of soft drugs, which includes Marihuana, from the information we get, especially from our undercover people who have -- large percentage are employed and a large percentage support themselves and obtain the money to gratify their needs by criminal acts; breaking and entering, prostitution and many, many other types, but I am not suggesting for a minute that a hundred per cent of the persons that use Marihuana is criminal, other than the criminal act that he is caught at. I point out also, in that relation, that it isn't an offence to be a user of hard or soft drugs, it is an offence to possess.

We are not suggesting at all there is a large majority of users of Marihuana that





1  
2 commit criminal acts, certainly not.

3 THE CHAIRMAN: Dr. Lehmann?

4 DR. LEHMANN: Mr. Commissioner, I  
5 should like to have two questions, most referring  
6 to the same.

7 Namely, that the Mounted Police  
8 possibly select the people they find and the  
9 evidence they obtain, people from whom they  
10 obtain the evidence, differing from other people.

11 For instance, on page 28 you have  
12 evidence that a sampling of cases, the first  
13 hundred parts of Ontario, relate that 85 persons  
14 were charged first with criminal offences other  
15 than those related to Canada and this goes as  
16 apparently very good evidence that Cannabis is  
17 related to offences other than -- directly  
18 related to Cannabis. Isn't it possible that the  
19 Mounted Police found the first hundred cases  
20 simply because there were more focusing on people  
21 with criminal records already, because these people  
22 already had been under police surveillance and  
23 therefore they would be naturally the first ones  
24 to be found also to be in use of Cannabis?

25 And along the same lines, when  
26 you just mentioned in response to Mr. Campbell  
27 that the difference between alcohol and Cannabis  
28 use, in your opinion is, that people who use  
29 alcohol use it for social purposes, people who  
30 use Cannabis use it in order to get stoned or high.



1  
2 Well, I have spoken to quite a few  
3 people who have used Cannabis and many of them, in  
4 fact most of them have assured me that they use it  
5 precisely for social reasons, one or two cigarettes  
6 occasionally, or once a week or so, and very much,  
7 in fact they usually compare it to a cocktail,  
8 so I am just wondering again, whether the Police  
9 not possibly gets evidence from those people who  
10 do commit anti-social acts, because they do stone  
11 themselves, but they may not be the majority.

12 ASSISTANT COMMISSIONER CARRIERE: You  
13 are quite right, Dr. Lehmann. Our information  
14 precisely -- taking a sample of people who were  
15 arrested and charged with these offences, they  
16 were people who were either in a place where they  
17 could be seen by the police or were associated  
18 with individuals who normally supply information  
19 to the police, and in some cases the information  
20 was supplied by the parents, very seldom, but in  
21 some cases, or other people that felt the  
22 activities of an individual should be stopped.  
23 I am not -- certainly I am not ready to state,  
24 that it is impossible that some people who use  
25 Marihuana do not use it on the same basis as  
26 others, but that is quite impossible.

27 All I would say, is that these  
28 people as far as the police are concerned, are  
29 known to us and our job is not to make a social  
30 study, it is to enforce the law, and if I may





1 point out it is a difficult one, not always a  
2 happy one, you see a lot of heartbreaks and it is  
3 being done by understaffed personnel. We are  
4 working long hours. And we have, in order to  
5 assist this Commission, have taken time off to  
6 put forth this report. You may be quite right.  
7 I am not able to say how people may use it  
8 that way, socially, but from our experience, a  
9 hundred per cent of those who come to our  
10 attention -- the idea is to get stoned, not to  
11 socialize.

12 THE CHAIRMAN: Dean Campbell?

13 MR. CAMPBELL: Commissioner, talking  
14 about not like cocktail use about alcohol, but  
15 talking about alcohol in terms of heavy use and  
16 consistent use, I wonder if you would like to  
17 compare your feelings about the tendency to  
18 violent behaviour, the aggressive behaviour on the  
19 part of those who use Cannabis to intoxication  
20 levels, and those who use alcohol equally  
21 frequently to intoxication levels, where you  
22 have cited so much evidence for violent action  
23 and aggressive reaction from Cannabis.

24 Is it your opinion that when used  
25 to an intoxicating level, Cannabis is more  
26 likely to produce violently aggressive behaviour  
27 than alcohol?

28 ASSISTANT COMMISSIONER CARRIERE: No,  
29 Dean Campbell, on the contrary. You would get  
30





1  
2 much more violence from the excessive use of  
3 alcohol, in fact, I will try to make this clear.

4 The users of Cannabis, including  
5 Marihuana, as a rule, is not a violent person,  
6 relatively peaceful, but it will depend when we  
7 get violence of very hostile behaviour in this --  
8 what was in the mind of the individual before  
9 he started using this drug, which nearly everyone  
10 admits, it takes away inhibitions, he is no  
11 longer inhibited and we do meet that type of  
12 violence.

13 Now, with the use of firearms  
14 in conjunction with this, we are meeting more  
15 and more amongst the soft drug users, Cannabis  
16 users, which we don't in hard drugs. I am  
17 not able to say, because they are more violent,  
18 I am afraid I can't draw a strong conclusion,  
19 but it is so that they are ready to use violence.  
20 Whether it is against the police or against  
21 themselves, I don't know. But they do have this,  
22 they have all kinds of weapons, knives, revolvers,  
23 shotguns, rifles, but this is becoming more and  
24 more prevalent that the police has to deal with  
25 Cannabis users, particularly when they are in a  
26 group, in a pad somewhere.

27 THE CHAIRMAN: Mr. Commissioner, I  
28 want to understand the nature of the evidence that  
29 you referred to at pages -- particularly pages 22  
30 and following, of your brief, to support the



1  
2 contention that there is a definite -- in many  
3 cases a transition from Cannabis to other drugs,  
4 including ultimately Heroin. You refer in your  
5 brief to a two year study. Precisely what is  
6 that study and where is the evidence of it?

7 ASSISTANT COMMISSIONER CARRIERE:

8 The study, Mr. Chairman, is more from our reports.  
9 Possibly we should explain that it is not a  
10 controlled study, but it is from the report that  
11 we received, from the people that the police have  
12 come in contact with, either through investigation  
13 or through a fairly reliable informant that  
14 has been well tested and the information has  
15 confirmed in some other ways, that there is a  
16 progression taking place from Marihuana to  
17 Speed, L.S.D. and in -- in some cases, to the  
18 hard drugs and the other able bodies that we make  
19 mention of, support this, that there is definitely  
20 a progression, particularly among the soft drugs,  
21 and it is my understanding in the United States,  
22 they are finding much the same thing.

23 But it is not a controlled study,  
24 it is a study of our reports over the last two  
25 years.

26 THE CHAIRMAN: Can that evidence  
27 be made available to the Commission?

28 ASSISTANT COMMISSIONER CARRIERE: I  
29 think we could, Mr. Chairman, if we could be given  
30 time. It requires a tremendous amount of work.





1  
2 THE CHAIRMAN: It seems to me  
3 that this is one of the most serious contentions  
4 in this field. It is our duty to do our very best  
5 to evaluate all the alleged evidence in support  
6 of it. I think the Commission would like to  
7 see everything of the Force that bases this  
8 contention, if that is possible.

9 Mr. Stein?

10 MR. STEIN: Commissioner Carriere,  
11 we want to refer back for a moment to Dean Campbell's  
12 comments. The accoustics leave something to be  
13 desired, I am afraid.

14 Dean Campbell was referring to  
15 the question of violence and alcohol and violence  
16 and Cannabis. I wonder, in light of the fact  
17 that there seems to be a distinction made with  
18 the handling of people who use alcohol, the  
19 distinction in the law being that they dealt with  
20 these medical problems, that they are confusing  
21 themselves with alcohol, and the criminal act  
22 is the crime itself, be it burglary or armed  
23 robbery and so on and so forth, is there an  
24 attempt to separate here that the laws to control  
25 alcohol per se are nowhere as stringent or as  
26 severe as the laws to control Marihuana and yet  
27 you do indicate that there is certainly an awful  
28 lot of crime that seems to be occurring during  
29 the use of alcohol.

30 Now, do you see -- I guess I am



1  
2 really raising the question with you -- you are  
3 smiling -- about the appropriateness ---

4 THE CHAIRMAN: Smiling is permitted.

5 MR. STEIN: Is it? -- the  
6 appropriateness of dealing with the Marihuana  
7 users in a very severe criminal -- criminal  
8 action. I am not raising with you the question  
9 about when individuals have committed crimes of  
10 violence, I am raising with you the question of  
11 the appropriateness of the law trying to control  
12 the use of this drug. It doesn't seem to be  
13 related -- I use alcohol as the other example  
14 where we don't -- we don't take the severe step  
15 with people who use alcohol per se.

16 ASSISTANT COMMISSIONER CARRIERE: Yes,  
17 I think I understand the observation. As it is  
18 right now in many many cases, where there is no  
19 evidence of trafficking, Magistrates and Justices  
20 dealing with the problem, use suspended sentence,  
21 supervision, parole. The Royal Canadian Mounted  
22 Police believes in that, and the Royal Canadian  
23 Mounted Police doesn't come before this Committee  
24 with vengeance in their heart. I feel there  
25 are many many cases for first offenders, this  
26 one is the best one, provided that supervision  
27 is such that the condition of their release  
28 and suspended sentence or parole in other cases  
29 be sufficiently good to assure that they would not  
30 be taken -- return immediately, where obviously



1  
2 if they do, they would go back to their old  
3 habits. That is our view on it.

4 THE CHAIRMAN: We I, thank you,  
5 Commissioner. I think we should hear now the  
6 next brief and I think we will have an opportunity  
7 for discussion of your submission and the next  
8 one. We may not be able to more than begin  
9 that discussion before we adjourn at twelve-thirty,  
10 but we will resume the discussion this afternoon.

11 I will call upon Mr. Bryant Brown  
12 to present the brief on behalf of the Committee  
13 to Legalize -- the Legalization of Marijuana Brief.

14 Mr. Brown?

15 MR. BROWN: Mr. Commissioner,  
16 members. The reference for this inquiry is  
17 somewhat staggering for it seems to be that any  
18 one of the five guidelines you may have been  
19 asked to work with, could be a full-scale study.  
20 at the same time the subject matter is of pressing  
21 interest as more and more people are becoming  
22 involved in the new wave of drug use. My  
23 comments this morning will attempt to define our  
24 conclusions and suggest the type of action we  
25 would take regarding the legalization of Marijuana.  
26 My comments will necessarily be restricted to the  
27 products of the Cannabis plant, and would include  
28 both Marijuana and Hashish.

29 It has been an interesting  
30 experience for us to watch the development of the





1  
2 pro drug movement on one hand and the anti-drug  
3 hysteria on the other. In Canada today there are  
4 about twelve underground newspapers, that have  
5 enthusiastically advocated drug use to a ready  
6 and interested market. To this end, there is a  
7 copy of the Georgia Straits, I believe a banned  
8 issue, on Marihuana before you. It is indicative  
9 of, as I say, of twelve papers in Canada and in all  
10 the major cities. Also in the presentation before  
11 you, gentlemen, is a copy from the United States  
12 of the Marihuana Review, which suggests the  
13 type of approach that is being used by some  
14 people there. The extent of this market presents  
15 the view of purchase of underground papers and  
16 has established itself with its own music, its  
17 own radio stations, its own stores, its own  
18 styles. The whole mood of turn-on has become  
19 big business, as products from colas to cars are  
20 marketed with a turned-on psychedelic image.  
21 The size of the young sub-culture became apparent  
22 at the music festival in Woodstock, New York,  
23 when some four hundred thousand people including  
24 many Canadians, met in what was probably the largest  
25 peaceful crowd ever to mass together.

26 Marihuana was in open use throughout  
27 the festival. The same thing was true in  
28 Toronto this summer, at the Mariposa Folk Festival.  
29 Also this summer at the highly respectable Stratford  
30 Festival Theatre, my wife and I observed open



1  
2 pot smoking in the crowded main lobby before the  
3 show. The whole of the Marihuana-using sub-culture,  
4 as the disciples of turning on, but they most  
5 firmly believe that they should have the freedom  
6 to do so, if they wish.

7 On the other hand, the anti-  
8 Marihuana and anti-drug hysteria is most often  
9 based on inaccurate facts and usually equates  
10 drug use with drug abuse. If the speaker is  
11 sophisticated enough to recognize the difference  
12 between use and abuse, he will often employ the  
13 modified approach that Marihuana use is an escape  
14 from reality and that this is obviously a dangerous  
15 form of abuse. This being the case, the only  
16 alternative to this is a stronger police force  
17 and stronger deterrents.

18 The great majority of the Canadians  
19 we have met, are much more tolerant than either  
20 extreme, but are largely misinformed. This large  
21 majority would include both the greatest number  
22 of Marihuana users and the great bulk of the rest  
23 of the Canadian people. And the latter group  
24 are the church-goers, who do not favour legalization  
25 but who also do not approve the present methods  
26 of current prohibition and do not offer any  
27 alternatives. They seem fairly receptive to the  
28 concept of allowing Marihuana use while coping  
29 reasonably with cases of abuse. They do not  
30 favour the continuance of our present approach.





1  
2 With all due apologies to the  
3 Committee, we do wish to describe what our  
4 valuation of what Marihuana is and what it isn't.  
5 In order to do this, may I refer you to our  
6 brief of the Government of Canada which is before  
7 you to Marihuana, their biography of studies  
8 done on Marihuana, studies in 1960 and 1968, to  
9 our summary of recent studies which is quoting  
10 from four studies which have been done recently  
11 which is also before you. My apologies, I have  
12 in the printed statement, that is before you, I  
13 mentioned also a fact sheet which was done --  
14 the big bibliography, but I didn't have copies  
15 in time to present. They weren't photocopiable.

16 These studies will refer you to the  
17 report of the Indian Hemp Drugs Commission in about  
18 1894, and the report of Mayor LaGuardia, on the  
19 studies of Marihuana. They are both based on  
20 intensive investigation over two and five years  
21 respectively, including a wide semblance of people  
22 and they both came essentially to the same conclusions,  
23 that is, that Marihuana is a relatively mild  
24 intoxicant. Perhaps more important is what  
25 Marihuana is not. It is not a narcotic. It is  
26 not physically addicting. It is psychological  
27 addiction, which is the current bugaboo about  
28 which is comparable to the psychological addiction,  
29 of coffee. It does not develop an acquired  
30 tolerance and so does not indicate other increased



dosage or stronger drugs, which give the same effects. Consequently there is no compulsion to experiment with hard drugs. There is no physical damage comparable with the relationship between cancer and cigarettes or between the liver and alcohol, in fact the Indian Health Commission went so far as to say that where in India it was extensively used, can most strikingly find how little the effects of hemp drugs have intruded themselves on observation. They went on to point out that the lack of evidence of even minor problems to society from extensive Marihuana use was evidence in itself, of how insignificant the effects were.

None of the conventional arguments against legalizing Marihuana can be substantiated. Even the more hysterical voices have outgrown the argument that Marihuana use leads to narcotic addiction.

This has been conceded again this morning, however, with a slightly new twist, that Marihuana leads to drug offenses and other drugs that are common today, and I think the problems in logic are consistent with narcotics, L.S.D., Speed, etc.

We have heard the argument that Marihuana should not be legalized because the sale of it is controlled by the underworld. The argument goes that because the sales are by



controlled by elements of organized crime, we should increase our measures of prohibition. By keeping it illegal, however, we preserve a high risk, high profit market. The more effective the police are, the higher the risks and thus the higher the profit becomes. In this way, we entice more anti-social people into the market. Somehow the logic of legislation to create a profitable black market escapes me.

As we have now documented in the papers before you, the use of Marihuana is recorded from 2737 B.C. and has been used probably consistently in the intervening 4,706 years. It is not a new phenomena and it is not an unstudied one. Between 1960 and 1968, alone, over 900 publications were concerned with Marihuana and they are detailed in the bibliography before you. Some of the findings of the more recent studies are also before you, and we would point out specifically that the study done in London and published in December of 1968. This scientifically controlled study was done by medical doctors and came to essentially the same conclusions as have been arrived at in Paris in 1954 and in New York in 1944. To the argument that Marihuana should not be legalized because not enough is known about it, we can only reply, nonsense.





over many years come to the same conclusions, we feel that they become quite convincing. When approximately 250 million people on this planet are using Marihuana, millions more have in the past thousands of years, we seem to accumulate a pretty valid sample. Without question, enough is known to legalize Marihuana. More study would be warranted to discover the potential medicinal uses of the twenty or so chemicals found in the plant. Dr. (Melton Mucaria) suggests twelve general therapeutic uses for Marihuana including using it as a withdrawal agent for opiate and alcohol addiction based on his knowledge of the historic uses in medicine and his knowledge of the chemistry involved. Not enough is known about the potential medicinal uses of Marihuana but enough is known about the social uses to say that it is far safer than driving a car or drinking beer.

Our general approach has been to view the larger picture of Marihuana as it affects most of the people who use it. The anti-pot approach is often a combination of shock tactics and sweeping generalizations. One or two persons, or studies that describe a very few persons, are referred to, and the individuals in the studies have had some very real problems and have also smoked pot. The approach is to find fault in horror and ask if we should do this



1  
2 to everyone. The conclusions are obviously not,  
3 therefore universal prohibition is in order.

4 By the same logic, we would prohibit anything and  
5 any behaviour that could cause distress in the life  
6 of any individual. We would prohibit automobiles,  
7 apple pie, television and sex.

8 I don't know about the Commissioners,  
9 but I am kind of fond of apple pie.

10 The problems of attempting to  
11 enforce our present law present themselves in three  
12 separate degrees. ' The most general problem is the  
13 effect on society at large of our policing techniques.

14 ✓ More serious problems are encountered by those  
15 who have had a first or second brush with the police  
16 in relation to Marihuana control. 3 The most  
17 serious problems to society at large, and to  
18 specific individuals are encountered with those  
19 convicted. The effects at preventing any  
20 Marihuana use has been by far the greatest single  
21 force in creating a drug problem.

22 I will deal with the second and  
23 third points, after a more general discussion  
24 about the nature of our controls.

25 For example, cases have been  
26 reported of youngsters having been encouraged to  
27 become informers on their friends. This sort  
28 of police-inspired program introduces their  
29 world to the values of deceit, suspicion and  
30 dishonesty in a fashion that high school locker





1  
2 raids are not only a blatant invasion of privacy  
3 but also reduce the dimensions of the child of the  
4 very trust and respect that we should be developing  
5 rather than destroying. By implication these  
6 raids impress the feeling that these dirty little  
7 children cannot be trusted, and their filthy  
8 repulsive habits must not go unchecked. Much the  
9 same sentiments were expressed to an eighteen year  
10 old London boy, who was told by an R.C.M.P. officer  
11 that: " I don't trust any of you kids."

12 The bias against youngsters is  
13 shown by the Marihuana conviction rates, the  
14 apparent incidents of raids and the efforts to  
15 infiltrate the "hippie" community, rather than the  
16 circles of Marihuana using businessmen or academics.  
17 One interpretation of this bias is that it is  
18 political persecution rather than a serious attempt  
19 to curb Marihuana use. The "hippie" does  
20 personify dissenting opinion and, if one happens  
21 to think this way, hippies could be interpreted  
22 as a threat to the established order. However,  
23 dissenting opinion, long hair and unconventional  
24 dress are all within the law. The harmless  
25 act of pot smoking is not, and it is here that  
26 the axe falls.

27 One area of massive breakdown  
28 of communication between the drug using  
29 sub-culture and the law is in the definition of  
30



1 the trafficker. The section of the Act  
2 that deals with selling Marihuana was designed  
3 to deal with pushers and is patterned after  
4 the patterns of control needed in narcotics.  
5 It is designed to deal with people who  
6 aggressively try to force addictive drugs on  
7 to innocent people thus making them addicted  
8 and dependent upon the pusher for their supply.  
9 By contrast, the majority, the vast majority  
10 of Marihuana sales are made on a friendly  
11 co-operative basis. There is no addictive  
12 compulsion and no corresponding hope of  
13 creating a dependent buyer. For the most  
14 part sales and purchases involve more co-operat-  
15 ion than profit. The whole concept of mutual  
16 co-operation was well expressed by the Beatles  
17 when they explained, "I get high with a little  
18 help from my friends." Their friends are  
19 then traffickers and trafficking is their norm.  
20 To consider it as a vastly different phenomena  
21 from possession is to ignore the realities of  
22 life in their sub-culture. I might also at  
23 this point say that the pressures for a non-user  
24 to smoke Marihuana at a pot party are not nearly  
25 as strong as the corresponding pressures to  
26 drink at a cocktail party.

27 Unfortunately we have gone so  
28 far with our enforcement and we are so close to the  
29 nonsense that is taking place in the United States,  
30



1 that it seems impossible for us to attempt to  
2 follow a more moderate pattern of Holland or  
3 Denmark. In these countries an official  
4 blind eye is given to Marihuana and Hashish  
5 use and to all but the most blatant cases in  
6 trafficking. The young people who want to  
7 smoke have freedom to do so, even in their  
8 own psychedelic night clubs if they wish. In  
9 Canada it would be very difficult to follow this  
10 approach because <sup>of</sup> the fear of Marihuana that  
11 has been created by misinformation and because  
12 of the incredible stories that come to us from  
13 the United States. President Nixon is  
14 following a course directly opposite to the  
15 recommendations of every U.S. national commission  
16 since 1962, and directly opposite to the  
17 recommendations of Dr. Stanley Yolles the  
18 director of the National Institute of Mental  
19 Health and to the recommendations of such  
20 professional bodies as the American Sociological  
21 Association. Even such bastions of American  
22 conservatism as N.B.C. and Time Magazine have  
23 suggested that the law is far more dangerous  
24 than the effects of smoking pot. In a more  
25 liberal vein, Playboy Magazine recently  
26 include two Roach holders in their article  
27 on smoking accessories. Despite the  
28 occasional outbursts of reason from South of the Border  
29 our Canadian situation is going to have to contend  
30





1 with the television, newspaper and magazine  
2 stories of the official U.S. Government position.  
3 This makes it seemingly impossible to turn a  
4 blind eye to incidents of Marihuana use. The  
5 cost of our present attempts at control are many.  
6 We place the activities of about one million  
7 people outside the law and introduce disrespect  
8 for law in general. Any attempts that have  
9 occurred toward civil disobedience, are a  
10 product of general disrespect to existing laws  
11 and existing methods of initiating change.  
12 Further to that, a large percentage of Marihuana  
13 users have become quite paranoid about the  
14 possibility of their phones being tapped, their  
15 mail being opened and, if they should happen to  
16 write to the Government about their feelings on  
17 Marihuana, their name would be sent to the  
18 R.C.M.P. Their own feelings of paranoia tend to  
19 isolate them even further from the law making process  
20 and thus increase their sense of alienation.  
21 (Eric Soame) has pointed out that the result of  
22 continued feelings of alienation is bound to be  
23 aggressive behaviour. Dr. McClure of the United  
24 Church has made much the same point in his own  
25 fashion when he said that people living in  
26 villages didn't have to rebel in order to  
27 achieve change. To these psychological and  
28 sociological problems of Marihuana prohibition  
29 can be added the fact that prohibition prevents  
30 the implementation of Marihuana quality control.



1 Interestingly, the tests that have been done  
2 on Marihuana obtained from the underground  
3 market suggest that for the most part, it is very  
4 pure.

5                   Nevertheless leaving it in the  
6 underground, does leave open the possibility of  
7 contamination. To these problems of disrespect  
8 for law, paranoia, and the alienation and lack of  
9 quality control can be added general suspicion  
10 of people and fear of the police because of the  
11 undercover techniques. The existence of  
12 informers and undercover agents can make  
13 persons extremely apprehensive about being open,  
14 honest and friendly when we should be encouraged  
15 to these values. The gross invasion of privacy  
16 experienced in a raid is more the police state  
17 techniques than a civilized approach to such  
18 a phenomena. I personally know of one case  
19 and I think the same principle would be true  
20 of many, in which a family of husband, wife and  
21 three children were at home on a Sunday afternoon  
22 when in true Jack Webb style the police literally broke  
23 down their front door. They searched the house, in-  
24 cluding stripping and searching both of the parents,  
25 reading much of their personal correspondence that  
dated back twelve years to when they were first dating  
and finally making derogatory comments about the  
whole family environment in front of the children.  
The police were there as the result of following an





1 uninvited guest to the house, and without their  
2 knowledge he was in possession of Marihuana,  
3 Interrogation ignored for five hours their  
4 right to call a lawyer and took the form of, "We  
5 have the evidence against you, why don't you confess?"  
6 Even though they denied all knowledge of the  
7 presence of Marihuana, a subsequent trial followed  
8 where charges were laid against both parents. The  
9 father of the family spent four nights in jail,  
10 while his family went through the dual process of  
11 being convicted by the local press and seeking for  
12 the absurd amount of three thousand dollars cash  
13 bail. The net result to the family was direct  
14 personal expenses of about fifteen hundred  
15 dollars, without any hope of redress and the  
16 more serious cost created by three months  
17 of uncertainty and the harassment of their  
18 children at school. Even if the use of Marihuana  
19 were harmful, I doubt that treatment this extreme  
20 would be warranted.

21                   Who can estimate the cost to our  
22 society of our present anti-Marihuana laws  
23 as applied to those who have been convicted;  
24 to the young people who are lectured on the  
25 evils of drug use by cigarette smoking parole  
26 officers; to the sensitive young people  
27 we put in confinement until they become the  
28 toughened aggressive products of our jails?  
29 In the name of deterrence, rehabilitation, we  
30 teach those who are nice people, to be aggressive,



1 to identify themselves with criminals and we  
2 introduce them to homosexuality. The statistics  
3 of the effectiveness of our detention system  
4 suggests that it is the most unwise treatment  
5 for even the most extreme drug user.

6 The recent report of the Canadian  
7 Committee of Correction chaired by Roger Quimet  
8 has made much of the same criticism of our  
9 present methods of detention even stating that  
10 the delivered inflictions of punishment or any  
11 other state of interference with human freedom is  
12 to be justified only where manifest evil would result  
13 from failure to interfere.

14 Our comments on the nature of law  
15 enforcement are based on reports that we consider  
16 to be extremely reliable. Many rumours exist  
17 of individual cases of absolutely barbaric  
18 treatment by the police and in some cases  
19 these are probably valid. With all fairness  
20 to the gentlemen from the R.C.M.P. who are here,  
21 these rumours do not - in all but one case - refer  
22 to the R.C.M.P.; they refer to our local police  
23 forces. However, more significant is the fact  
24 that if any of the reports that we consider  
25 to be rumours are to be believed, the consequence  
26 underlying any definition of belief bespeaks  
27 the fact that any effort toward a change in  
28 attitude could only be to the good.

29  
30



1 The most obvious question is, does the system  
2 of deterrence work? The answer is no. People  
3 are still using Marihuana and doing so in  
4 increasing numbers. Knowing the risk, hearing of  
5 raids and convictions, people still smoke Marihuana.  
6 Those who have been convicted and allowed out on  
7 parole, have been confined and released, still  
8 smoke Marihuana. The theory of deterrence  
9 that has been applied with a great deal of vengeance,  
10 has not reduced the use of Marihuana. When two  
11 newspapermen are sentenced to fourteen years  
12 for importing Marihuana, while another man only  
13 gets twelve years for murdering his nineteen  
14 year old daughter, this convinces no one that such  
15 a system of justice is worth retaining.  
16 Legalizing Marihuana is by no means the only  
17 alternative to the present unjust procedure.

18 Other than ignore the incidence  
19 of Marihuana use ~~me~~ mentioned, penalties could be  
20 reduced to a very significant level and more  
21 significantly curtailed. However, the sort of  
22 approach for us to come to grips with is the fact  
23 that people are going to continue to smuggle it into  
24 the country, to use it illegally and to continue  
25 to make the law look foolish. The most  
26 realistic approach seems to be to consider  
27 Marihuana use as a fact of life and to recognize  
28 that it probably will remain one for some time.  
29 That being the case, it would seem more appropriate  
30





1 for Canadians to have reliable sources of supply  
2 that is within the law and that assures only the  
3 finest quality of Marihuana. To this end we would  
4 suggest a Marihuana Control Board to oversee the  
5 quality standards and the marketing techniques. It  
6 seems possible that the tobacco companies may be able  
7 to convert some of their machinery to the  
8 production of Marihuana cigarettes rather than  
9 the more harmful tobacco products. Perhaps by  
10 offering less harmful products, cigarette smoking  
11 could be radically reduced. To reduce any fears that  
12 this will result in the whole country turning on, we  
13 would like to say three things:

14 First, individuals in the country  
15 who want to turn on now, are already doing so.  
16 Secondly, the type of people who would choose  
17 Marihuana are generally of a rather sensitive, introspect  
18 nature and consequently only one element in the large  
19 population of this country. Those who don't  
20 want to use Marihuana would not have to use it,  
21 and those who prefer, as most Canadians do, to  
22 drink alcohol, would still be able to do so.

23 In fact, I think the people who are afraid of the  
24 Marihuana Control Board express the same sort of  
25 emotions for Marihuana as they tend to have for  
26 beer and tobacco." The fact that we have already  
27 allowed some drugs to be pushed aggressively beyond  
28 all reasonable bounds is no reason that we should  
29 continue to do so. Legalization of Marihuana  
30



will help to reduce the sense of alienation that has become an ingrained part of our industrialized urban way of life. Any effort that can be made to convince people that law, justice and peaceful government are possible seems to be worthwhile and in the words of Aristotle: "justice is the bond of men in states," and he goes on to point out that the administration of justice is a searching process for that which is just and that this searching process is the basic principle of order in political society. By retaining this basic criterion in our society, we would restore to man the freedom to do as he wishes. Our Police and our overcrowded courts, our parole officers and our jurors would be free from this dull concern of the harmless people who smoke Marihuana. The time saved could be used to cope with crimes of violence and the money saved could be used to deal with some of our more serious problems such as alcoholism. We would free our youngsters from fear of the law and fear of the police. They would be free, if they wished, to explore the world around them, with the normal healthy curiosity of youth. Eventually, most of them will discover that the real challenge and the greatest excitement in life centre around people and their attitudes and knowledge, rather than around drugs.





1  
2 The most challenging task that  
3 this committee has been given is to inquire into  
4 the motivation of non-medical drug use. We have  
5 not attempted to discuss motivation, because we  
6 feel that this discussion is of secondary importance  
7 to the problems that have been created by national  
8 panic to the situation. Man has used substances  
9 like alcohol and Marihuana for centuries to alter  
10 his perception of the world around him. The  
11 sensations are to be found on one hand as the  
12 mystic experience that has been incorporated into  
13 religious ritual, like Communion Wine, to<sup>an</sup> escape  
14 from reality. on the other hand, <sup>As</sup> some people  
15 find reality so bad that they get high to escape it, we  
16 feel we should help them by improving the realities  
17 of the world, rather than <sup>by</sup> blocking their routes  
18 of escape. The motivation of those to use drugs  
19 who have a good deal of reality and come from  
20 a stable environment is interesting. I relate  
21 specifically to amphetamines in this case.

22 The role of affluence, alienation,  
23 increased education, hedonistic advertising,  
24 situation ethics and so on, all probably play some  
25 part in creating a drug culture. I hope that in the  
26 balance of your two year term<sup>you</sup> satisfy some of  
27 these questions on motivation. One aspect of our  
28 current philosophy is of pressing interest and  
29 I would like to spend a minute on it.  
30 That is our philosophy of speed, the case of



1 methamphetamines and amphetamines.

2 We all believe that this is a fast  
3 moving age, it is a belief that is shared by the long-  
4 hairs and the Boards of Directors. The combination  
5 of electronics and Marshall McLuhan have convinced  
6 us that rapid change and progress are the norm. This  
7 being the case, people expect legislation to be im-  
8 plemented at the moment that they are convinced it is  
9 warranted. For Marihuana users, this was many years  
10 ago, and they are still waiting. They know that the  
11 proven dangers of Marihuana are much, much less than  
12 the proven dangers of alcohol or tobacco and yet  
13 their peers go to jail while the brewery shareholders  
14 become wealthier. Predictably, they begin to feel  
15 persecuted and even convinced that there is some plot  
16 to deny them the freedom that they feel that is  
17 rightly theirs. If it becomes necessary to wait two  
18 further years for more reasonable legislation in the  
19 drug laws, the sense of frustration, alienation and  
20 possibly, even of anti-social reaction, will be increased.  
21 I say this not as a threat for reaction in general, but  
22 I say this as a plea -- a plea for significant concern  
23 in your interim report to encourage the Government  
24 to make changes in legislation, to re-include the  
25 thousands and thousands of Marihuana users as law-  
26 abiding citizens -- a plea for recommendations in your  
27 interim report that individual freedom to use  
28 Marihuana be substituted for the present fear induced  
29 prohibition and a plea for the restitution to society of  
30 the people we have already so unjustly excluded and  
abused.



1  
2 THE CHAIRMAN: Thank you, Mr. Brown.  
3 Before I ask the members of the Commission if they  
4 have any questions, could you tell us, give us some  
5 idea of who you speak for, just what is the  
6 representative character of the Legalization of  
7 Marihuana Committee?

8 MR. BROWN: Yes. The Committee is  
9 a London centred committee which is now getting  
10 support from across the country. They started in  
11 June of this year for the preparation of the  
12 brief to the Government, which was prepared by  
13 approximately half a dozen people who consulted  
14 on it. Support, from our point of view, has so  
15 far came from over seven hundred people across  
16 the country directly and campus committees are  
17 starting to do work in conjunction with us,  
18 University of Toronto Committee has now got over  
19 sixteen hundred members.

20 THE CHAIRMAN: I am sorry, I  
21 missed that last point?

22 MR. BROWN: Campus committees  
23 are starting to work in conjunction with us to  
24 show the number of the people who believe this  
25 legislation, this change in legislation should  
26 take place.

27 THE CHAIRMAN: Did you refer to  
28 a figure of sixteen hundred?

29 MR. BROWN: Sixteen hundred at the  
30 University of Toronto.





1  
2 THE PUBLIC: Twenty-five hundred  
3 as of this morning.

4 THE CHAIRMAN: Twenty-five hundred?

5 MR. BROWN: It is hard to keep up.

6 The members of the Committee include  
7 myself in business, they include professional  
8 people, not in all positions where they want to be  
9 named, because it may cause occupational harassment,  
10 if you like. There was a meeting held in London,  
11 and there were fifteen people present from the  
12 Windsor, Toronto, Stratford area.

13 THE CHAIRMAN: Do you have regular  
14 formal meetings?

15 MR. BROWN: We don't have regular  
16 formal meetings. I don't think it is necessary.  
17 It is basically a political motivated organization  
18 where we think the problem is political.

19 THE CHAIRMAN: Do you have an  
20 elected executive?

21 MR. BROWN: No. I have been  
22 elected as the chairman at the last meeting.

23 THE CHAIRMAN: Where was that?  
24 When were you affirmed as Chairman?

25 MR. BROWN: Two weeks ago.

26 THE CHAIRMAN: At a meeting  
27 attended by how many people?

28 MR. BROWN: Fifteen.

29 THE CHAIRMAN: Do the members of  
30 the Commission have any questions before we adjourn



1  
2 for lunch?

3                   Excuse me, since we only have about  
4 five minutes, may I just indicate our program for  
5 this afternoon.     I propose that when we return  
6 here at two -- I am sorry to be so tight about the  
7 time for lunch, but I think we should return at  
8 two -- that we invite general discussion of the  
9 two presentations we have heard this morning and  
10 then we plan to call upon Dr. Lionel Solursh  
11 for his experience with the drug scene here  
12 locally and also Mrs. Shirley Cook, who has  
13 done work on the history of our legislation,  
14 particularly the social background of it, to  
15 assist us to develop our perspective today.

16                   Dean Campbell?

17                   MR. CAMPBELL:     I have two questions,  
18 Mr. Chairman.     I have been around Universities  
19 long enough that a great deal of research papers  
20 are most charitably described as junk. I wonder  
21 if you have done enough evaluation of this very  
22 impressive list of research papers that you present  
23 to us.     How many of these in fact are carefully  
24 controlled studies, how many of them are studies  
25 where the investigator knew that the drug in  
26 question was Marihuana, knew that the drug had any  
27 particular level of potency?     Did you make any  
28 evaluation of the proportion of these that were  
29 treated seriously as scientific articles?

30                   MR. BROWN:     The proportion of it





1 is very difficult for me as a non-scientist, to  
2 discuss. I do know that in the most recent  
3 study, the Boston study, this is the first completely  
4 scientific controlled study in which the amount  
5 of tetrahydrocannabinols substances in Marihuana  
6 use was evaluated, and the dosage was carefully  
7 controlled. The type of control used in some  
8 of the other studies, I am not certain of. For  
9 example, the Indian Hemp position report; they were  
10 in a country which they assumed the people were  
11 using Marihuana, and there was indeed Marihuana.  
12 The likelihood was that it was. On the other  
13 nine hundred or so studies done, I personally have  
14 not had a chance to study it, but I know that the  
15 chap who prepared it with me did a Marihuana fact  
16 sheet, using these as reference sources and it came  
17 to the same conclusion that the other major studies  
18 that I have mentioned had come to.

19 MR. CAMPBELL: The second question  
20 is a rather more general one. It is on this  
21 matter of the connection between Marihuana use  
22 and other drug use and -- I am thinking here  
23 basically of high school population, but we have  
24 had a good deal of evidence recently, talking with  
25 teachers, drug user students, drug distributors,  
26 non-drug using students, in at least three quite  
27 large schools and the estimates from all of these  
28 sources in the populations were identical.  
29 First of all, there are about 75 to 80% of the  
30



1 students in senior high school years that have  
2 experimented with drugs and approximately 30%  
3 are using drugs regularly; that is to say, in the  
4 course of virtually every week a couple of times.  
5 But there is very little grass, almost none,  
6 a good deal of Hash, but the drug use in  
7 predominate use in these schools along with a  
8 great deal of acid is Speed, which has become  
9 very readily available and is widely used to the  
10 extent of producing hallucinating effects.  
11

12 Now, it would seem reasonable to  
13 assume that one of the things that is happening  
14 here is that more and more people become involved  
15 in this facet of a general sub-culture and in so  
16 doing they become isolated from any naked definitions  
17 about other drugs, for instance the tremendous  
18 weight in evidence of the very serious dangers  
19 of using Speed. I wonder if you would like to  
20 comment on it?

21 MR. BROWN: Well, the incidence of  
22 the use of amphetamines I think is a very serious  
23 problem. It is a problem that is a social  
24 problem because the scientific evidence against  
25 the Methamphetamine seems to confirm the underground  
26 rumour that Speed kills and indeed the young  
27 people I have met who were Speed freaks also  
28 believe it. They are not the least bit surprised  
29 when you tell them they are apt to do themselves  
30 some permanent damage, because of their use of



1 Speed.

2 One probable cause, and this is  
3 very hypothetical, is that universal prohibition  
4 against all drugs makes them very suspect of all  
5 information they get from their sources about drugs.  
6 This is maybe one of the reasons they get involved,  
7 in other words, "Because I have been told Marihuana  
8 was a deadly drug, and I found it not to be that,

9 I wonder if L.S.D. is a deadly drug, I wonder  
10 if Amphetamines are a deadly drug." I wonder  
11 if this is part of the problem; we have allowed  
12 drugs to be generalized and so on, and on this  
13 information people do become suspect to the  
14 sources, and this is maybe one of the reasons  
15 Amphetamines are in use. Does this answer ---

16 THE CHAIRMAN: I think we have  
17 time for one question. Mr. Stein?

18 MR. STEIN: You mentioned a figure  
19 here and many many people are outside of the line,  
20 and you also made reference to the fact that you  
21 are now involved in organizing petitions, trying  
22 to get names -- well, not names necessarily, but  
23 the problems of names of people who support this.  
24 One of the real questions we are trying to get  
25 information on is the actual extent of the use  
26 of drugs in general, but Marihuana in particular,  
27 and I am wondering to what extent as a person --  
28 is that one million Canadians?

29 MR. BROWN: That is one personal  
30





1 wild guess. It is as close as I could get after  
2 establishing information and using the ratio as  
3 are being used in the United States.

4 THE CHAIRMAN: Let me just conclude  
5 before we go to lunch. Our concern about getting  
6 some kind of a reliable estimate or fact figure  
7 of the extent of use not only amongst the youth  
8 or the high school and college population, which  
9 may be more accessible to this, but the community  
10 which I presume you belong to, which is the young  
11 adult community, is a very real one. If you can  
12 give me any assistance -- anyone can give us --  
13 to this community and to any cases of extended  
14 use in the community/<sup>it</sup>would be quite helpful.

15 MR. BROWN: I would be quite happy  
16 to do what I can.

17 THE CHAIRMAN: I now adjourn  
18 this Hearing until two o'clock this afternoon.

19  
20 ---Upon adjourning at 12:30 p.m.

21  
22 -----  
23  
24  
25 ---Upon reconvening:

26  
27 THE CHAIRMAN: Ladies and  
28 gentlemen, I said we would be back at two o'clock  
29 and my colleagues are back. I would invite you now,  
30



1 ladies and gentlemen, to participate in a general  
2 discussion on the two briefs we have heard this  
3 morning. So I throw it open to the floor for  
4 any comments you care to make. Please feel very  
5 free. You don't need to identify yourselves.  
6 I hope we can have a discussion. If I may say,  
7 I think the issues have been set forth in a very  
8 forthright manner this morning and in a most helpful  
9 manner and we have a good deal of it. I don't  
10 exclude the Commissioners for any further questioning  
11 or observation.

12 Yes?

13 Maybe if you wouldn't mind going to  
14 the mike, it might help.

15 THE PUBLIC: Mr. Brown gave a  
16 figure of one million people of Canadians. I was  
17 curious as to the figure the Commissioner had.  
18 I think Section E of some sort of thing -- he  
19 mentioned he had a figure on how many people who  
20 did smoke Marihuana frequently. I would be curious  
21 to know what that figure was and if he had got  
22 that figure?

23 THE COMMISSIONER: Can you answer  
24 that, Mr. Brown? Is it related to the R.C.M.P.?  
25 I didn't hear that.

26 Is Commissioner Carriere here?

27 COMMISSIONER CARRIERE: We come  
28 to an estimated figure of a little over fifty-nine  
29 thousand of known smokers which are tentatively  
30





1  
2 thirty-five hundred.

3 THE CHAIRMAN: This is Cannabis?

4 COMMISSIONER CARRIERE: Yes. I  
5 mentioned that estimates like that were very hard  
6 to come by. The figure we have heard has been on  
7 the conservative side and we certainly do not say  
8 this is through experimenters who may have smoked  
9 Marihuana once or twice and we certainly don't  
10 pretend that we include people who may be smoking  
11 more frequently but within the sanctity of their  
12 homes and they don't come to the attention of  
13 even their neighbours, but if we have heard --  
14 we don't think we have heard the number of one  
15 million. In fact I think that would be  
16 preposterous. We have nothing to add to this  
17 except our own thoughts and that it is -- when our  
18 investigators question people found in possession  
19 of this drug they often tell us of their knowledge  
20 of literally hundreds of people using it but  
21 it is seldom that any of them cares to elaborate  
22 and name anybody. Usually they finish by naming  
23 five or six and we are convinced that in most  
24 cases the figures given by people who we question  
25 are greatly exaggerated.

26 MR. CAMPBELL: While the  
27 Commissioner is at the microphone, could I raise ---

28 THE CHAIRMAN: Excuse me, Dean  
29 Campbell has a question.

30 MR. CAMPBELL: I was wondering, Mr.



1  
2 Commissioner, I was thinking about this over the  
3 lunch hour. In the rather high proportion of  
4 opiate users that you cite as having begun with  
5 Marihuana, do you have evidence about other drugs  
6 that they used early in their drug-taking career;  
7 for instance, is it common that their Marihuana  
8 use was preceded by alcohol use, was there a  
9 pattern of heavies of alcohol of these people as  
10 well?

11 ASSISTANT COMMISSIONER CARRIERE: There was  
12 such evidence prior to the 60's, where people who  
13 abused alcohol and who were definitely dependent  
14 to the use of hard drugs, but in the mid-60's, this  
15 is not generally so. We find more and more  
16 coming from people who do not have the alcohol but  
17 rather abuse the soft drugs and not necessarily  
18 Marihuana itself. Some people start using Speed  
19 and go on to Marihuana. Others may have -- use  
20 L.S.D., but in the majority of the cases, when they  
21 are first exposed to this Marihuana.

22 MR. CAMPBELL: Thank you.

23 THE PUBLIC: Mr. Commissioner, could

24 I ---

25 THE CHAIRMAN: Could you use that  
26 microphone there; thank you?

27 THE PUBLIC: I have a few points  
28 I want to ask the Commissioner if I may do so,  
29 and that he spoke about during his presentation.

30 The first is, I wonder, sir, if you



1  
2 have any substantiation for your alleged suggestion  
3 that there was chromosome abnormalities by the  
4 use of drugs and before you answer that, I would  
5 like to cite one particular case which I am aware  
6 of, which was in the medical journals in '68 or '69,  
7 for white blood cells in culture, were mixed with  
8 Cannabis products and the report said there was  
9 no increased incidence in chromosome breakage.

10 I wonder if you had any evidence  
11 to the contrary?

12 THE CHAIRMAN: Mr. Commissioner,  
13 before you answer, I wonder if you would like to  
14 take a seat down at the table. It looks like you  
15 are going to get a little work here. It would be  
16 more comfortable.

17 Mr. Brown, please feel free to sit  
18 at the table if you feel it is necessary.

19 ASSISTANT COMMISSIONER CARRIERE: I regret  
20 that I haven't got the name of this study that was  
21 made recently, where there was an indication of  
22 that being the case. There was no conclusive  
23 evidence as such. The only thing that there was,  
24 an indication that it could well be and there has  
25 been studies where large amounts of TAC being  
26 given to humans which causes a psychotic condition  
27 much the same as LSD and for that purpose we  
28 have reason to believe that there is need for  
29 -- to show that such is the case, it does  
30 establish a chromosome -- I don't think in the brief





1 |  
2 | we suggested or even state that it was a fact.  
3 | We suggest that it was a possibility. I am sorry,  
4 | Mr. Chairman, I have got the literature on which  
5 | we base this remark, but certainly not an assertion  
6 | that such is the case.

7 | THE PUBLIC: Thank you, Mr. Carriere.  
8 | I understand your position, that it was just an  
9 | allegation and not a statement proved by fact.  
10 | You have another interesting point that I would  
11 | like to make some observations on, and I have a  
12 | paper as well, to ratify my view of this.  
13 | And you used the words "freakouts " ----

14 | THE CHAIRMAN: Excuse me, could you  
15 | speak a little closer to the mike?

16 | THE PUBLIC: Yes sir.

17 | I think you used the word  
18 | "freakout" and anxiety reactions. You frequently  
19 | admitted that Cannabis products are not physically  
20 | addictive, but you said that they were  
21 | psychologically addictive and gave a verification  
22 | that freakouts, psychosis and anxiety reactions  
23 | have been known to be caused. Cases by  
24 | Dr. Rakoff on obesity states that if someone is  
25 | withdrawn from the usual quantities of food, that  
26 | they are accustomed to eating, they have been  
27 | known to get freakouts, psychosis and anxiety  
28 | reactions, so I would just like to mention --  
29 | can you state that it is a terrible thing --  
30 | this is true, it is something of life. Cigarette



1  
2 withdrawal and alcohol withdrawal have produced  
3 some similar conditions.

4 THE CHAIRMAN: We are having  
5 difficulty up here. I don't know who is looking  
6 after the P.A. System in the hall. It may be that  
7 the amplifier - the amplifiers are projected  
8 away from us. Could you sort of -- if you  
9 would just speak a bit in our direction. If you  
10 could speak a bit in our direction, because we missed  
11 a lot of what you just said, but go ahead.

12 THE PUBLIC: Well, there are one  
13 or two more points that I wanted to comment about in  
14 the Commissioner's presentation, if I may.

15 THE CHAIRMAN: Fine.

16 THE PUBLIC: I noticed that the  
17 groups that were being harassed by the police  
18 generally seem to come from the lower strata  
19 of society which the Commissioner used to  
20 substantiate his contention that the use of  
21 Marihuana was confined to that stratum and I thought  
22 the two were not valid. Do you have any  
23 comments on that, sir?

24 COMMISSIONER CARRIERE: I would  
25 say this, that it was a suggestion to say that  
26 Marihuana is confined to the Hippie subculture,  
27 but obviously they are more apt to come to the  
28 attention of the police because in many instances  
29 almost counted by the police. I have certainly  
30 got to accept they are a segment of the population





1 in the middle class. They do not come into the --  
2 it is only a rarity when some information is desirable,  
3 but I would not suggest it is confined to the  
4 lower strata of the population, certainly not so,  
5 and I don't think our brief indicates that it is so.

6 THE PUBLIC: I am sorry ---

7  
8 ASSISTANT COMMISSIONER CARRIERE: Before I  
9 leave the mike, I don't think it was in the form  
10 of a question, but as you referred to our brief  
11 about freakouts and so forth, what was said  
12 in the brief of this type of reaction that does  
13 take place and I might mention that Dr. (Stanley F.  
14 Bahl ) the Director of the Institute of Medical  
15 Health has stated that an acute intoxication, that  
16 is, through the use of Marihuana, especially when  
17 ingested, may also produce visual hallucinations,  
18 paranoid reaction, translucent psychosis lasting  
19 four to six hours and a general tendency to  
20 lessen or false reality based on his wants, his  
21 motivations or the situation in this respect.  
22 It is similar to LSD, but it is in fact not as  
23 potent, and in conclusion I might say that we of  
24 the police do not consider ourselves competent  
25 to pass judgment and draw conclusion on the  
26 scientific basis of it. All we are doing with  
27 this Commission is bringing it to their  
28 attention; the work and the findings and the  
29 conclusions and the remarks made by people who are  
30 considered to be much more knowledgeable than we are,



1 but we don't set ourselves up as experts in that  
 2 field. Our main role is law enforcement.

3 THE CHAIRMAN: Thank you.

4 THE PUBLIC: I was not here this  
 5 morning, so I don't know what the R.C.M.P. said,  
 6 but I know in advance they would not agree with  
 7 what I have to say. I am interested in this  
 8 inquiry because I am aware of the consequences  
 9 awaiting the young person who is found guilty of  
 10 possession of Marihuana. It is seldom that a  
 11 young person realizes that as our laws stand now,  
 12 such a conviction would remain with him and haunt  
 13 him all the days of his life. Even after he  
 14 has served his sentence and paid his so-called  
 15 debt to society, he will not be allowed to  
 16 forget his error and he will be confronted with  
 17 it whenever he applies for a job or requires to  
 18 be bonded or seeks entrance to a profession. The  
 19 very fact that he is rejected by society and looked  
 20 upon with suspicion may drive him to seeking  
 21 help with drugs.

22 What can we do about the condition?  
 23 Removal of this prejudice will go a long way to  
 24 securing employment. Criminal records should be  
 25 closed after a reasonable length of time and the  
 26 defenders should have no further conviction.  
 27 It is unjust and unfair and in consequence a  
 28 mistake committed and used, that still exists  
 29 when a man is forced to make a worthwhile  
 30



1  
2 contribution to society. I have indicated to  
3 each person here to commission the Justice  
4 Department to bring about these changes for as  
5 our laws stand now in Canada, a man's punishment  
6 does indeed last a lifetime and there is also  
7 a need to educate and impress upon young  
8 people from grade school, secondary school and  
9 university level the seriousness of the situation  
10 that the charge of possession with the drugs  
11 brought against him.

12 THE CHAIRMAN: Thank you.

13 THE PUBLIC: I have two small  
14 points for Commissioner Carriere, which deals  
15 instead with his presentation rather than the  
16 presentation of other -- from other sources,  
17 so I will confine my remarks to that.

18 One of the things that you said,  
19 sir, is that a juncture is a retrograde step  
20 and I am wondering whether in society if it is  
21 a retrograde step or not. Would you like to  
22 comment on that, please?

23 ASSISTANT COMMISSIONER CARRIERE: I believe  
24 these were my final remarks, that it occurs in  
25 a drug oriented society that it is a retrograde step  
26 and we therefore must exert to it.

27 I have experienced myself and  
28 secondly as an experienced police officer, many  
29 years experience as well as the bad effects of  
30 drugs generally that are brought to my attention as





1  
2 a director of criminal investigation, that there  
3 is little to be said on the good side of drug use,  
4 and in some cases the use of such drugs --  
5 general use, not only talking -- the hard drugs,  
6 LSD, certainly Methamphetamines and others that  
7 it brings about a very, very undesirable result  
8 in society and I have never known and neither have  
9 any of my other officers, ever known of someone  
10 ever becoming a better student because of using  
11 drugs or better artist or better businessman or  
12 better anything, and rightly or wrongly, I am  
13 convinced as well as most policemen that to  
14 encourage people in any way to get away from  
15 reality through the use of a drug or other  
16 is a retrograde step and doesn't help.

17 MR. CAMPBELL: Mr. Commissioner,  
18 could I follow up that remark, if the gentleman  
19 will allow me to interject here. I wonder how  
20 far you see the implications of a drug-oriented  
21 society. I am very much shocked, every time  
22 I open a magazine, virtually every time I turn  
23 on the television, or listen to a radio, I am  
24 subjected to a tremendous weight of advertising  
25 that is in fact drug oriented advertising that  
26 moves toward a drug oriented society. If we  
27 can just very quickly move away from the drugs  
28 that we have been concerned with this morning:  
29 You take any magazine, it says take this, you  
30 get mood elevation, take this, you go to sleep.



I even saw an ad the other day telling me to take two aspirin before bed and you will go to sleep.

On top of this there is the whole weight of advertising for other psycho<sup>active</sup> drugs these are psycho active. Do you as a police officer see the whole weight of these other areas of advertising that are in my judgment, at least a very real support, for a drug culture as having contributed to the present context of which these particular drugs are coming to the fore?

ASSISTANT COMMISSIONER CARRIERE: That is a most difficult question to answer. It would be difficult to say that it has an influence on it, it may have, but I would not be prepared to say. I don't think I am the person that has the knowledge to answer that question. I doubt it very much that I can give you an answer that will satisfy you. I think that in this whole field, the big problem is that there has not been enough research. Now, going back to the drug we are discussing, there has not been enough research and too often the assertion that they are not of interest, are harmless, are made by people who know less than the police and other people who are knowledgeable, such knowledge being limited however and their assertion is because if one says they may be dangerous, well there are dangerous drugs and of not being able to prove conclusively, clinically, that they are





1 dangerous, they must necessarily be beneficial  
2 and I say that in our society, certainly in Canada,  
3 we must go ahead slowly and know where we are  
4 going.  
5

6 MR. CAMPBELL: Would you have  
7 an opinion from a police point of view or would  
8 you see dangers in a police point of view to make  
9 Cannabis available to people qualified in universities,  
10 qualified psychologists and qualified researchers  
11 to carry out this type of research?

12 ASSISTANT COMMISSIONER CARRIERE: I couldn't  
13 possibly have, because we feel there must be more  
14 research and you couldn't make research without  
15 it. Up to now, the upsurge of use - -  
16 we are going back to Marihuana now, was only  
17 introduced in 1966. Until then, I suggest to you  
18 that any study was not available. For one thing  
19 a researcher to whom it was given could have no  
20 control. Now, this upsurge in Cannabis use  
21 not only in North America but in Europe also  
22 is a recent thing. It really started in 1967,  
23 the same year we really started to understand --  
24 realize what were the causes. I believe that  
25 to have research what you suggest must be  
26 possible, otherwise you couldn't have it.

27 THE CHAIRMAN: Yes?

28 MR. STEIN: I wanted to ask  
29 the lady who stood up a few moments ago and made  
30 a statement; if I understood you correctly,



1 were you suggesting in cases where people have  
2 had to serve sentences who were found guilty of  
3 drug offences, these sentences should be eliminated  
4 or the consequence of them should be changed  
5 after a certain period of time or were you  
6 suggesting that the question of sentencing people  
7 who are using drugs was inappropriate?

8 THE PUBLIC: I was referring to  
9 all persons who have criminal records, for a  
10 reasonable length of time. Not for drug  
11 offenders.

12 THE PUBLIC: If I could have one  
13 question before you leave, Mr. Commissioner?  
14 At certain times during the presentation of  
15 your brief, you stated that this social context  
16 was the most responsible factor in the transition  
17 from Marihuana to hard drugs. Perhaps you can  
18 interpret that as a question, but that is the  
19 meaning I got from the reference which you stated,  
20 and if that is so, do you not think then that the  
21 way to protect youth from falling into the use  
22 of harmful and addictive drugs would be therefore  
23 to legalize Marihuana?

24 ASSISTANT COMMISSIONER CARRIERE: That is  
25 a very good question. I must say it is not the  
26 first time I have heard it, but we did say  
27 that the environment in which a person is prone  
28 to use drugs is a great influence in whether or  
29 not he becomes a user. It has been suggested  
30



1 that the way to do away with this temptation is  
2 to remove -- to legalize it, and then you would  
3 stay away from it. I am not convinced at all  
4 that this is the answer. There is a certain  
5 amount of evangelism to the use of a soft drug.  
6 We have seldom come across people who will use  
7 drugs all by themselves. Usually it is done  
8 in the company of several people, very seldom  
9 one person, although there has been instances,  
10 but generally it is a group participation and  
11 I don't think that the answer to stop the spread  
12 of this would be to legalize it, hoping that  
13 these people would all go and smoke by their  
14 lonesome. I suggest to you that the use of  
15 soft and hard drugs, and I have said it before,  
16 is a type of a crutch. I did have to admit  
17 to Dean Campbell this morning that there are  
18 some people who no doubt, possibly they are,  
19 I haven't came across them, who will use  
20 Cannabis in a social manner, but most of them  
21 abuse it and by legalizing it you would still  
22 have a small remainder and you would still  
23 have the people who want to spread the use of  
24 it by inducing other people to use it. I  
25 don't think that is the answer at all. And  
26 incidentally, I might like -- to finalize this  
27 statement by saying our experience of many  
28 years, seldom if ever, have we found any  
29 truth into the belief which is held by many  
30





1  
2 people that pedlars hang around corners to  
3 induce people to use hard drugs or other types of  
4 drugs. Invariably, in talking with these  
5 people, both hard and soft drug users, they  
6 were initiated to use a drug not by a pedlar  
7 but by a friendly acquaintance or a friend,  
8 usually in a group.

9 THE CHAIRMAN: Anyone else?

10 Yes?

11 THE PUBLIC: Mr. Commissioner, I  
12 would like you to -- I would like you to  
13 differentiate between use and abuse of drugs.  
14 What is the difference between use of Marihuana  
15 and abuse of Marihuana?

16 ASSISTANT COMMISSIONER CARRIERE: I would  
17 not pretend that I can be absolutely categorical  
18 in answering that. If you are talking  
19 specifically of Marihuana -- first of all it is  
20 legal and assuming this legality didn't enter  
21 into it, I would say that somebody who had used  
22 this drug occasionally under full control, who  
23 would not -- in other words, not get high to  
24 the point to move away from reality, you would  
25 say that was abuse. I would put people  
26 who would use this drug on a continuing basis  
27 for the idea of getting high, abuse, but strictly  
28 the use of Marihuana at the present, legally,  
29 you could say it is an abuse, it is illegal.

30 THE PUBLIC: Would you advocate



1  
2 using Marihuana to such an extent where you  
3 wouldn't get so high as legal?

4 ASSISTANT COMMISSIONER CARRIERE: No, I  
5 don't believe I would. I think we made our  
6 position quite clear. The R.C.M.P. is against  
7 the legalization of this drug because we feel  
8 that even -- it has been stated incamera this  
9 morning that there are people who are using it  
10 and not abusing it. There is too much chance  
11 that the -- the use of it would spread and you  
12 could still get the high percentage of chronic  
13 users who I would classify as abusers of drugs.

14 THE PUBLIC: Thank you.

15 THE CHAIRMAN: Dr. Lehmann?

16 DR. LEHMANN: I would like to  
17 ask Mr. Brown in his submission today, this  
18 morning, he mentioned -- the approach is --  
19 and ask if he could do this to everyone, that is  
20 let everyone smoke pot because they might abuse  
21 it because it is obviously not therefore prohibition --  
22 it is not therefore -- "the conclusion obviously  
23 not, and therefore prohibiting anything or  
24 any behaviour that would cause distress in the  
25 life of an individual, you would prohibit  
26 automobiles, apple pies, television and sex. "  
27 This sounds quite funny, and seems to be very  
28 possible. Of course you would also have to  
29 prohibit other things, if you eat too much of  
it. I would ask Mr. Brown, would he admit that





1  
2 there are certain of these agents; sex, automobiles,  
3 apple pie and Marihuana which have a higher  
4 potential for use than others. That is number one.

5 Also, if there are certain things  
6 that are more likely to be used for escape from  
7 reality or are they all at the same level?

8 MR. BROWN: Well, no, they are not  
9 all in the same level. Scientific documents  
10 don't offer the same escape from reality to  
11 readers as contemporary novels, so as books can  
12 provide escape to different levels, tobacco  
13 and Marihuana would offer a new sort of reaction  
14 to the individual, one of them affecting his  
15 consciousness; the other -- even automobiles  
16 may vary from class to class, and there is going  
17 to be quite a distinction. The possibility of  
18 them being more abuse to another is invalid.  
19 Some can be used more than others -- abused more  
20 than others. To answer that question number  
21 one.

22 The second part of your question?

23 DR. LEHMANN: It was, if it is  
24 equal as its potential and being away from reality  
25 as what I said. It is probably an escape of  
26 reality, but the more important one is do all  
27 these agents have the same potential for that  
28 abuse, the same potential for abuse?

29 MR. BROWN: Not at all. As a  
30 Volkswagen, for example, doesn't have the same



1  
2 potential for abuse as an eight cylinder car.

3 DR. LEHMANN: But what you mention  
4 here is automobiles, apple pies, television sets  
5 and Marihuana. Which do you say has the highest  
6 potential for abuse?

7 MR. BROWN: I don't think it is  
8 even parallel. Automobiles cause more physical  
9 harm than Marihuana from that point of view.  
10 Psychological harm, maybe televisions are the most  
11 dangerous. It is awfully difficult to say, and it  
12 is not my field.

13 MR. STEIN: Could I ask, Mr. Brown,  
14 you made mention of the experiments that are going  
15 on in Holland and Denmark now. The only -- I  
16 haven't been there, so I am at a disadvantage.  
17 I am not sure what is going on there. The  
18 documents that are coming out and the public  
19 may attempt to represent a particular picture --  
20 there was a recent Weekend Magazine article last  
21 weekend of the psychedelic nightclub in, I think  
22 it was Amsterdam. Do you have any observations  
23 about some of the -- some of the intricacies  
24 drawn in that particular type of -- the article  
25 suggested that the bulk of the youngsters that  
26 were there, were pretty well stoned, to use the  
27 term that you used earlier, that was about it,  
28 they were totally turned on, to using drugs as  
29 an end in itself. I was curious why that was  
30 relevant at all.



1  
2                   The question is, did you have  
3 any further knowledge of this experiment and if  
4 so, what do you know about them?

5                   MR. BROWN:    I don't have first  
6 hand experiences.    I haven't been to either country.  
7 There was an article on the situation in Holland  
8 published in the scientific Journal of science  
9 in the summer of this year which said scientifically  
10 the same things that you say, the sensationally --  
11 I have seen via translation that -- I don't speak  
12 Danish, Danish newspaper, articles, explaining  
13 things like Hashish is common in coffee houses,  
14 sitting around coffee houses and this sort of  
15 thing and youngsters buy and sell within the  
16 confines of these nightclubs and nothing happens.  
17 The only problem is in the most blatant cases  
18 of trafficking where the cases offer no  
19 alternative.       And their permissiveness seems  
20 to relate specifically to Marihuana and Hashish,  
21 not to amphetamines or some of the other drugs.

22                   THE CHAIRMAN:   I recognize a  
23 gentlemen who is standing.

24                   THE PUBLIC:     I recognize this  
25 energetic discussion, but I wonder if the R.C.M.P.  
26 has anything with relation to reality and I would  
27 like to know what their definition of reality  
28 is, or perhaps the Commission could tell me  
29 what their position on reality is, as well.

30                   ASSISTANT COMMISSIONER CARRIER:   I am





1  
2 sorry, Mr. Chairman, the sound is not coming  
3 through.

4 THE CHAIRMAN: Excuse me. Could  
5 you please repeat your question?

6 THE PUBLIC: I would like to have  
7 the official position on what reality is, because  
8 that is obviously the whole question.

9 THE CHAIRMAN: The question is,  
10 do you have an official position in the Force on  
11 reality, on what reality means? If you are not  
12 able to answer that question, we are going to have  
13 to try, so do your best, Commissioner.

14 ASSISTANT COMMISSIONER CARRIERE: Mr. Chairman,  
15 I don't think that the police are incompetent  
16 that in the normal of average intelligence that  
17 society has, with regards to reality. Reality  
18 to me is being able to accept things what they  
19 are, being able to face them, being able to  
20 accept your duties as a citizen, to earn your  
21 own living and I suggest that in many cases those  
22 who use this on drugs are doing it, and hard  
23 drugs too, to escape reality and all the rest of  
24 their responsibility and that is mostly why we  
25 are against any legalization of soft drugs or  
26 hard drugs.

27 MR. CAMPBELL: I would like to  
28 raise a matter with Mr. Brown. You spoke of  
29 legalization of Marihuana with reference to  
30 quality control for instance. You weren't, on the



1  
2 other hand, very specific beyond having a  
3 Marihuana Control Board about the type of  
4 regulations that you envisaged existed. Is your  
5 position one that would parallel for instance,  
6 liquor legislation where there is an age level  
7 below which alcohol can not be used legally,  
8 where there are certain restrictions on conduct  
9 such as on driving with having used alcohol.

10 Are these the terms that you are  
11 thinking in, Mr. Brown?

12 MR. BROWN: It is a little  
13 difficult to answer that, because we have taken the  
14 position that it is not really our responsibility.  
15 It is within our confidence to describe how it  
16 should be coped with. Personally, I think as I  
17 see the subject on age limits for example, or  
18 places for drinking for example, to use a parallel,  
19 Dr. Holmes in Toronto said that this seems to  
20 not have the effect, this desire tends to get  
21 people into a beer parlour which is to drink  
22 beer and get drunk and have a social evening.  
23 If this is what this is going -- this is going to  
24 happen, why I think pot parlours, then I think  
25 we are going the wrong way. And by the same  
26 token, to say that you don't get the right to  
27 drink while you are -- until you are twenty-one  
28 may in fact increase the incidence of teen-age  
29 drinking rather than to teach them to drink in a  
30 responsible manner. I would leave it to the





1  
2 experts and Dr. Holmes to suggest where this can  
3 be best coped with.

4 MR. CAMPBELL: All right.

5 Now, one of the points that you  
6 made quite a bit about this morning, was the fact  
7 that Marihuana is here, it is widely, and in a  
8 sense you suggest the view you had better  
9 accept that as a state of life and you had  
10 better adapt to it. One could also say with  
11 just about as much truth that LSD use and Speed  
12 use is here and it is a fact of life in a great  
13 many high schools. Now, if we take your  
14 argument further, you should say then legalize  
15 Speed and legalize Acid.

16 MR. BROWN: Yes. Yes, this  
17 extension can be made. I think the basic premise  
18 on our proposition is that Marihuana is not  
19 proven to be a harmful drug. If LSD is proved  
20 to be a harmful drug, authorities would be  
21 invited to use the same there. Tests say that  
22 Marihuana is not a harmful drug. I think the  
23 concept of harmfulness to the individual as a real  
24 one must be considered and I would appreciate the  
25 Commissioner's point of view with what he is  
26 worried about, the possible indications and I  
27 would share his ---

28 MR. CAMPBELL: I would appreciate  
29 your point of view of what should be done with  
30 Speed and LSD in high schools.



1  
2 MR. BROWN: I think the law  
3 should be in relation to the dangerousness of the  
4 drugs and I am not qualified to discuss how dangerous  
5 LSD or the Amphetamines are. It is not within my  
6 field of comment.

7 MR. CAMPBELL: Let's say  
8 dangerous, what would you say about that?

9 MR. BROWN: I think they should be  
10 by prescription and having the police try and  
11 prohibit all of the use.

12 THE CHAIRMAN: Dr. Lehmann?

13 DR. LEHMANN: I think, Mr. Brown,  
14 if I could ask -- you stated several times in  
15 your submission that cigarettes, ordinary  
16 cigarettes are harmful. Now, just tell me --  
17 I spoke to some Americans, professionals, and one  
18 of the two has now -- is not smoking Marihuana  
19 and the other is still using it, and his main  
20 reason is, his position that he would continue --  
21 he would probably almost certainly go back to  
22 cigarette smoking which he has given up.

23 Now, in view of this, I am just  
24 wondering if you would specify that Marihuana  
25 should be legalized in the form of Hashish, in  
26 other words rather than smoke it, because that  
27 is, you know, has bad effects and will bring  
28 people back to cigarettes and also Marihuana  
29 smoking in itself may bring problems at least  
30 as harmful as cigarette smoking. So would you



1  
2 specify that it should be made available mainly  
3 from Hashish?

4 MR. BROWN: I wouldn't make that  
5 restriction at all. I think the basic premise we  
6 are saying is that it should be available to people  
7 in forms which they want it -- if they want it.  
8 If they want to smoke it, then they should have  
9 the option to smoke it just as they have the option  
10 to smoke tobacco if they want to smoke tobacco.  
11 Actually the tobacco parallel is not fair because  
12 the option to use it is taken away by advertising,  
13 the growing compulsion to use it. I would suggest  
14 that it should be available to them in either  
15 form, if they want either form. If one of  
16 them seems to be dangerous in terms of bronchitis  
17 or chest infections from smoking or if it seems to  
18 induce people to return to cigarette smoking,  
19 this would be available on the packages, if it  
20 was warranted.

21 DR. LEHMANN: On the same line,  
22 could you feel now that we have enough evidence  
23 as you pointed out, of people having used, under  
24 controlled conditions so that we no longer would  
25 have to wait for scientific evidence of long  
26 term use in pregnancy or other conditions is  
27 not harmful. You would say it is not harmful  
28 to wait for this scientific evidence that long  
29 term use is not, because it is not available that  
30 it is not harmful?





1  
2 MR. BROWN: I don't think there is  
3 any reason to wait for any evidence whatsoever.  
4 I think there are two stages of discussion here.  
5 The first stage is there is not enough evidence,  
6 and there is no reason to be chasing after people  
7 who are using it. It should not be prohibited  
8 if there is no evidence. It is much like --  
9 you know, people start smoking -- and I don't think  
10 we are going to go out and stop it, because we  
11 don't know. If the Commissioner felt that  
12 there is no harm, then there should be no sanctions  
13 until something is done.

14 Secondly, I think there is an  
15 immense amount of evidence -- in India for example,  
16 a country where Cannabis products have been used  
17 for generations. We haven't seen evidence of  
18 people going blind, we haven't seen a massive  
19 increase of people in mental institutions, we  
20 haven't seen psychotic reactions by people out on  
21 the streets, in fact, I said how little the  
22 intrusion of these products intrude on daily  
23 life. If things were so dangerous it would  
24 have shown up and Dr. McClure of the United Church  
25 of Canada has suggested the main reason for  
26 the so-called apathy or lack of initiative in India  
27 is primarily because of deficiencies in diet  
28 rather than Marihuana use. In America they  
29 are allowing this use even though the United  
30 Nations Association says it must be controlled.



1 I think the controls in the United Nations are  
2 subject to their own constitution and definition  
3 of what should go on in the country and their own  
4 national commitments.

5  
6 DR. LEHMANN: But by the same  
7 reason you should also allow people to take any  
8 drug they want to then, and you do not by  
9 legislation unless it is proven the drug is  
10 unharmed and a drug -- you would take very  
11 careful precautions and only when you establish  
12 it is not going to be harmful is it only going  
13 to be made officially available and permitted to  
14 be used.

15 MR. BROWN: I think I made the  
16 point that it is available, to suggest its  
17 harmlessness rather than its danger.

18 THE CHAIRMAN: We could obviously  
19 continue this discussion. It is very timely.  
20 I was going to invite you just for the minute --  
21 I think we will have quite an opportunity in the  
22 next few days to pick up these themes again and  
23 discuss them. I think perhaps we should turn  
24 to -- call up Dr. Solursh, but just before you  
25 do that, I do want -- I wouldn't want it to be  
26 thought that we treated the question about  
27 reality as not a serious and important one.  
28 I was expressing my own concern about being  
29 called on, and I don't think it is proper,  
30 perhaps for the Commission to suggest that it has





1  
2 any answer that is pertinent to the object of  
3 this inquiry's time, but I wonder if the person  
4 who raised the question would care to tell us  
5 what his understanding of that question and  
6 concept is. Could you tell us something  
7 about your view of reality as it is apparent  
8 on our task?

9 THE PUBLIC: That was part of  
10 the reason why I asked the question because I  
11 would like to agree with the Commissioner's  
12 summary of what reality is to most people.  
13 You know, I just sort of live from day to day  
14 and not really care what I do usually. I wanted  
15 one question, if I may ---

16 THE CHAIRMAN: Could you give  
17 us the benefit of your views? You have asked  
18 the question. We are here really to learn of  
19 reality. We are here to listen. Can you assist  
20 us with that concept?

21 THE PUBLIC: Well, my sort of  
22 view of the world is sort of limited to what  
23 I read in the newspapers because that's what  
24 most people read. I mean I sort of get in most  
25 of my opinions from what I read and what I read  
26 about mostly is politicians and commissions and  
27 wars and other pleasantries. I just don't  
28 think the thing exists. I have a way of living  
29 and probably maybe living for some other people  
30 here but there may be some kind of relationship



1 sometimes. I say it is a meaningless word  
2 and that's why I threw it in and that's why I  
3 brought it up because I think it is a nuisance  
4 word in discussing why -- to, you know,  
5 reinforce a kind of reality because I really  
6 don't think it exists. I think it is more  
7 like a word like law. I would like to  
8 ask the Commissioner one more question if I may  
9 and it probably has to do with some kind of  
10 reality. He mentioned that certain people  
11 who have been arrested for possession of  
12 Marihuana had also been in possession, bow  
13 and arrows. I was curious to know whether  
14 he had developed -- curious as to why he had  
15 those things, are they additional or -- he  
16 sort of suggested that a person who smokes  
17 Marihuana is violent by nature and reinforcement,  
18 carries guns and knives and slingshots. I was  
19 curious.  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30

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1  
2 ASSISTANT COMMISSIONER CARRIERE: Mr. Chairman,  
3 I said it wouldn't necessarily be  
4 to use against the police, but I felt -- I feel --  
5 I feel that people who arm themselves with knives  
6 and loaded revolvers, loaded rifles, unless they  
7 are very very careless gun collectors, certainly  
8 indicate that they just might have the intention  
9 to use it at one time or another, or at least to  
10 threaten somebody with it, and it was put forth  
11 with that thought in mind.

12 THE CHAIRMAN: Thank you very much.

13 ASSISTANT COMMISSIONER CARRIERE: I would  
14 like to ask -- I may be asked a lot of questions,  
15 I would like to ask one myself.

16 Mr. Brown, I wonder if your  
17 Committee wanted to legalize Marihuana, has there  
18 been any thought as to where and how this country  
19 could, even a Government agency, could legally  
20 obtain supplies of Marihuana? Keep it in  
21 mind that about eighty nations which I believe  
22 includes most nations where Marihuana, which is  
23 worth smoking, is grown, at the convention where  
24 it makes it legal to grow, process, transport,  
25 traffic, where people could buy it legally  
26 without running into a lot of trouble internationally.  
27 I just wonder if they have given this any thought.

28 MR. BROWN: Well, Mr. Commissioner,  
29 I think these are problems that can be answered.  
30 Marihuana is now being grown, processed, marketed.





1  
2 It is being grown and processed and marketed for  
3 use within the certain nations with the full legal  
4 sanction of the Government of that nation. I think  
5 these are problems that the economics involved would  
6 help to work out and could certainly be overcome.

7 THE CHAIRMAN: Thank you,  
8 gentlemen.

9 MR. CAMPBELL: I raise a question,  
10 Mr. Commissioner. I am a little bit troubled,  
11 and that is what is leading this question, we  
12 have to move beyond these rather descriptive  
13 categories that we have been working in, the whole  
14 question of context. The context of this drug  
15 phenomena, and I hope that there will be remarks  
16 from the people with us on this context. It is  
17 pretty important. When people, some people have  
18 been telling me, a large number of people who have  
19 been telling me, is that many of these drugs are  
20 really appropriate to the mood, to the sensitivities  
21 of many people in our society.

22 One way this has been expressed to  
23 me is that they see Marihuana as essentially a  
24 drug of peace and they see alcohol as a drug of  
25 violence.

26 Now, I was in a little town a few  
27 weeks ago, and a group of high school students put  
28 it in just those terms. They said we go down  
29 into Montreal for a hockey game and down to a baseball  
30 game and we see a whole lot of people like our



1 parents sitting in the back rows drinking their  
2 beer and drinking their whiskey and they are  
3 having a brawl. There is always a fight.  
4 And they say, I go home and my father drinks  
5 and has a fight with my mother. So that in the  
6 minds of an enormous number of these people,  
7 alcohol has come to be a drug of violence. They  
8 say that in our groups, groups that are using  
9 Marihuana, not only is there not violence now,  
10 but there is much less violence than there was  
11 in these groups a couple of years ago, and what  
12 they said to me was borne out by some other  
13 schools.

14 Now, there are perhaps other reasons  
15 and I agree.

16 From your experience, what sort of  
17 an answer should be given to that type of statement?

18 ASSISTANT COMMISSIONER CARRIERE: Dean  
19 Campbell, I have certainly got to agree that  
20 generally the user of Marihuana is more on the  
21 submissive and peaceful side than -- even if he is  
22 an excessive user than the abuser of alcohol.  
23 That if you were going to look at the desirable --  
24 of the desirability of Marihuana, that is all you  
25 had to go on, and it would certainly be in your  
26 favour, but you would say the same thing about  
27 Heroin. In fact, I suggest to you that not  
28 only is the user of Heroin submissive, but  
29 once he has his drug he is more than submissive,  
30





1  
2 he is actually passive and could be a vegetable,  
3 you couldn't instruct him if you tried, so I don't  
4 think that argument alone would convince me,  
5 firstly, it was desirable and secondly that it  
6 wasn't a dangerous drug.

7 MR. CAMPBELL: Anecdotedly,  
8 Mr. Commissioner, the same students went on to tell  
9 me that they happened to be English speaking in  
10 Quebec and before Marihuana came on, that they  
11 used to go out on Friday nights and beat up the  
12 French kids and once Marihuana came along, and the  
13 French kids were smoking it they were together  
14 and they were acting together and having a very  
15 good time and maybe the B and B should adopt the  
16 solution.

17 ASSISTANT COMMISSIONER CARRIERE: I would  
18 just like to add this: That generally -- I am  
19 not talking about -- really a drop out and a  
20 drudge on society in skid row, but I am talking  
21 of the person who uses alcohol in other cases and  
22 who uses it and generally in the function there  
23 isn't as much that become let's say drop outs.  
24 This part of it is not as accentuated as it is  
25 with the use of Marihuana as we see it, amongst  
26 the hippie people; they have sort of dropped out.  
27 Now, I am not -- as I say, I am not ready to  
28 confine it. All my remarks -- as I say,  
29 they are sociologically on Marihuana is much  
30 more detrimental to society than the user of



1 alcohol.

2  
3 THE CHAIRMAN: Yes?

4 THE PUBLIC: Commissioner, do you  
5 have any figures on the amount of alcohol involved  
6 in crime? You did mention crimes of violence  
7 under the influence of alcohol.

8 ASSISTANT COMMISSIONER CARRIERE: I am afraid  
9 I haven't got the statistics. As far as this  
10 Commission's terms of reference, at least I stated  
11 this morning it wasn't only with alcohol, but I  
12 am prepared to admit that a lot of crimes with  
13 violence and certainly a great part of criminal  
14 offences behind the wheel of a vehicle are due  
15 to the excessive use of alcohol, but one -- two  
16 wrongs don't make a right.

17 THE PUBLIC: I agree, but has  
18 your Department made any attempt to make comparisons  
19 in this field on figures of offenders?

20 ASSISTANT COMMISSIONER CARRIERE: No, we  
21 haven't.

22 THE CHAIRMAN: Yes? Would you  
23 come up to the mike please?

24 THE PUBLIC: I would like to say  
25 to the Commission, first of all in regards to  
26 weapons and destruction, this sort of thing, he  
27 said he found people that had been picked up  
28 for possession, carrying weapons. Had not people  
29 been found in car accidents with weapons, any  
30 kind of thing, anything? Like you are saying,



1  
2 you are relating it to what they are picked up for.  
3 Maybe these people carried weapons before they  
4 started using Marihuana. It doesn't necessarily  
5 have to relate to what they got picked up for.

6 ASSISTANT COMMISSIONER CARRIERE: Mr. Chairman,  
7 the use of these incidences of loaded firearms  
8 and weapons was mentioned because it is a new  
9 phenomena and people connect it with drug abuse  
10 and drug trafficking, even the most hard organized  
11 crime type of people in the hard drugs seldom  
12 ever have firearms and I gave these figures to the  
13 Commission with no firm conclusion that what the  
14 purpose of these weapons was. I left it to  
15 your imagination how to figure -- to figure it out.  
16 I said there had not been many cases where the  
17 police had been threatened, but the incidence of  
18 weapons found with people on soft drugs is much  
19 higher than you would say you would find amongst  
20 people that go in for housebreaking, much higher.

21 THE PUBLIC: Perhaps this is  
22 because people who are involved in drugs are  
23 basically long haired type people. Perhaps because  
24 they are bothered more. Perhaps when you come  
25 on people it tends to put you paranoic and like  
26 it is not a right to carry a weapon but maybe  
27 this is why. Maybe it is not their fault  
28 basically. It is their fault and they are  
29 carrying it, but it is not their fault that they  
30 have to. It is a means of self defence. Have





1  
2 you ever been beat up because your hair has been  
3 short? There has been many people beat up because  
4 their hair is long, because of the clothes they wear  
5 and it is not right.

6 And in reference to your thing  
7 about dropping out of society. The fact it is --  
8 well, during prohibition people that drank alcohol  
9 basically dropped out of society, they had to  
10 go to clubs in the back room or funeral parlours  
11 or things like this. Some did this. People  
12 that smoke Marihuana today hide in normal  
13 society, but this is the drop out thing, I mean  
14 a lot of it is involved with the fact they ban it.

15 ASSISTANT COMMISSIONER CARRIERE: Mr.  
16 Chairman, this ---

17 THE CHAIRMAN: Excuse me ---

18 ASSISTANT COMMISSIONER CARRIERE: I was going  
19 to answer if you wish, and I will try to answer it.

20 Going back to the days of  
21 prohibition, certainly to my knowledge in Canada,  
22 you had total prohibition in certain provinces.  
23 You -- I don't think that it brought about a large  
24 segment of the population to drug abuse that is  
25 known today. I don't think it caused people to  
26 quit their job or not live a normal life. I  
27 don't think it is similar at all.

28 THE PUBLIC: Would you say a  
29 great percentage of the people that use Marihuana  
30 do not have jobs?



1  
2 ASSISTANT COMMISSIONER CARRIERE: The  
3 information that we have from the observation of  
4 people in the field and other members of the police  
5 force as well as our undercover people is that  
6 a large segment of the hippie type group are  
7 unemployed, or employed only on occasion.

8 THE PUBLIC: That's the hippie type  
9 group, but that is not real. Like you take every-  
10 body that uses Marihuana, even a great percentage  
11 of them don't have long hair. If you go into a  
12 school and you got honest answers from everybody,  
13 didn't you find out that there were more people  
14 with short hair using Marihuana than long hair.

15 ASSISTANT COMMISSIONER CARRIERE: You may be  
16 right. Our observations, as I said this morning,  
17 our observation -- I wouldn't like to use the  
18 word "confined" but that's what it is because of  
19 necessity, is certainly made where people are out  
20 in the open, where they can be more easily  
21 observed. It is most difficult for the police  
22 to know how many of the so-called short haired  
23 people have a job or living a normal life and use  
24 Marihuana. We don't know and we can only hazard  
25 a guess. We don't know.

26 THE PUBLIC: Is the highest  
27 incidents of Marihuana use in educational incidents,  
28 high schools and colleges? I see -- you know, I  
29 recall something on it. Usually that's the  
30 way it is.





1 ASSISTANT COMMISSIONER CARRIERE: I am not  
2 ready to say that that is so. There certainly  
3 is a high incident in universities and some of the  
4 high schools, but there is also a high incidence  
5 among people that are either going to school or  
6 working as best as they can, there is a high  
7 incident there and I am not very ready at all  
8 to state the figures mentioned at random as  
9 75 and 80% of the high school is using Marihuana.  
10 I think I said before that I think this is  
11 greatly inflated by people who are users.

12 They convey the impression that  
13 everybody is doing it, so what is wrong with it.

14 THE CHAIRMAN: Thank you. I  
15 think I will have to conclude the discussions now  
16 on these issues. Thank you very much  
17 gentlemen, and I will call on now, Dr. Lionel Solursh,  
18 who is the resident psychiatrist at the University  
19 of Toronto, and attending psychiatrist at  
20 Toronto Western Hospital. Dr. Solursh is the  
21 author of many papers and he is known as the  
22 person who has first hand experience of the  
23 drug scene of Toronto, particularly where it  
24 involves other aspects of treatment, and I will  
25 ask now, at the same time, if you would like  
26 to come up and sit beside Dr. Solursh, Mr.  
27 Bill Clements, psychologist of the Ontario  
28 Hospital on Queen Street. He is going to have  
29 something to say and I think we are going to  
30



1 address our questions after they have both made  
2 their statements or submission, because I  
3 understand now we would like to be more economical  
4 with our time in that way. Dr. Solursh?

5 DR. SOLURSH: Mr. Chairman,  
6 Commissioners, I would like to be clear at the  
7 outset that I don't know this guy and anything  
8 he says should not reflect to me.

9 I am going to restrict myself  
10 to some pretty general things, and hopefully  
11 in questioning be available to answer, particularly  
12 in terms of what are realities of treatment  
13 and the kinds of problems.

14 I thought I might lead off by  
15 doing a not very lengthy ~~and~~ one of the rules  
16 is you don't define what side of the fence you  
17 are on, and this is terribly good for  
18 confusing everyone, but I think I do find in  
19 my way, in raising the points, that I will.

20 The R.C.M.P. present a well known  
21 bias and the legalization of Marihuana has their bias.  
22 What I would like to say for Marihuana, obviously  
23 this morning, I can't, so I will go on from that.  
24 We feel that we can not separate that from all  
25 of the other issues of personal privacy and  
26 drug users opposed to drugs. This is one maze  
27 in questioning ~~and~~ things like, "Do you belong there as  
28 well?" and we do not in any way support  
29 breaking the law as it now stands, ~~and~~ the  
30



1 law which will not change and not support  
2 the possession of Marihuana being legal at this  
3 time which is the other reality.  
4

5 Two years of good research can be  
6 very helpful, but at the present time because we  
7 there are  
8 have run over / many other issues on our hands  
9 and the same at present if legislation is changed  
10 to permit this.

11 The Commissioner was good enough  
12 to point out a few things that I thought I might  
13 just touch on, and this is not particularly an  
14 attack on the R.C.M.P., but I think items on which  
15 I should focus, particularly the tremendous bias which  
16 we saw.

17 Reference was made, for example,  
18 to the Eddy and Isbell Health study and it was  
19 -- very conveniently left out of that was Isbell's  
20 conclusion of the effects of the application of  
21 law are often more harmful than Marihuana.

22 It is amazing what it has left out. In addition  
23 to that, Dr. Dale Cameron, the chief of the Hotel  
24 Commission stated this year, "The fact is, however,  
25 that the number of people debilitated by Cannabis  
26 is very small in comparison with the number of  
27 those who have tried it", and he also said, and  
28 this probably has a good deal of reference to the  
29 question that came up later, "It should be noted  
30 that no country, no country with a drug that  
is traditionally in use has ever outlawed Cannabis





1 because of its adverse effects." That is  
2 not a statement to be taken lightly and I  
3 suggest it is a very important one. Most of  
4 the statements to which I will refer come from  
5 much the same sort of conclusions as I believe  
6 I have, and that is that the law is doing a  
7 tremendous amount of harm and abdication of it  
8 is, but that legalization at this stage is not  
9 the answer, rational legislation and more  
10 research.

11 The statement by the Commissioner  
12 also could be -- the statement of Dr. Goddard --  
13 and I thought that was interesting because Dr. Goddard  
14 has said other things as well.

15 I read from the Drug Scene, 1968,  
16 "Indeed Marihuana's dangers both in regard to  
17 setting damage and potential hazards for those  
18 driving under the influence seem no greater  
19 than the deleterious effect of alcohol."  
20 That is another thing he said and that puts it in  
21 a little more perspective. What he also said,  
22 if we are going to be complete, if the question  
23 before us were a national referendum to decide  
24 whether we were to use one of our congenerous --  
25 and I say there are enough escape mechanisms  
26 and if this is the question he says "I would outlaw  
27 Marihuana" <sup>or</sup> "I might personally vote for Marihuana,"  
28 But that is not the question.

29 Dr. Gardikas goes on: "The question  
30



1  
2 is simply whether we add to our alcohol burden  
3 another intoxicant." Which puts it in some  
4 perspective. The question as to the Chopra  
5 studies, I don't think that is worth dealing --  
6 using time. I think it is quite clear the  
7 Chopra studies proved nothing in terms of long  
8 term effects, nothing in terms of social  
9 debilitation, maybe all it proved is proved  
10 is Cannabis is protecting some people from becoming  
11 mentally ill. It is amazing what we haven't  
12 learned in thousands of years and it has become  
13 an informality because there is a sufficient  
14 amount of these drugs being used. The LaGuardia  
15 Report was mentioned and in perspective it comes  
16 out on both sides of the fence of course. The  
17 question was put very well by Mr. Stein and the  
18 Commissioner of course clarified his position  
19 at that point. I thought a comment -- he comes  
20 into this question of violence and he was  
21 mentioning earlier on the questions of Marihuana  
22 and I thought it might be interesting -- he  
23 says about the U.S. Congress in September of this  
24 year: "Medical and social problems made worse  
25 by similar laws."

26 He said in terms of early lives  
27 the penalties for using Marihuana are far worse  
28 than <sup>the</sup> substance they were meant to control.  
29 Marihuana he said does not cause physical addiction.  
30 Since its effects and symptoms on such control





1  
2 does not occur. It can produce. "People under  
3 the influence of Marihuana tend to be passive."  
4 He goes on to say incidences of depression and  
5 psychotic states are known although they are not common  
6 We know of nothing in the nature of Marihuana  
7 that predisposes to ~~other drug~~ abuse. And he does  
8 say of course that Marihuana might cause ~~in fact~~  
9 of enhanced creativity, but they are rare.

10 Dr. Trotter of the U.S. Food and  
11 Commission Drug/In October of 1967, was asked, "Are you satisfied  
12 that there was justification for it all --  
(Portion inaudible)

13 THE CHAIRMAN: Could you resume  
14 and see if the Reporter is able to pick it up?

15 DR. SOLURSH: Mention had been  
16 made by the R.C.M.P. also of the American Medical  
17 Association statement on Cannabis. It was  
18 just incredible to me that for the -- before the  
19 recommendations were read and one was left out.  
20 Mention was made of recommendations "Cannabis is  
21 a dangerous drug and as such is a public health  
22 concern." This was certainly an A.M.S.  
23 recommendation in its 1968 position.

24 Two, legislation -- legalization,  
25 I am sorry, legalization of Marihuana would create  
26 a serious abuse problem in the United States.

27 Number four, additional research  
28 on Marihuana should be encouraged and number five,  
29 programs with respect to Marihuana should be  
30



1 directed to all segments of the population.

2  
3           Significantly, number three reads,  
4 penalties for violations of the Marihuana laws  
5 are often harsh and unrealistic.       I don't think  
6 it should be left out.   I think it is a part of  
7 the total ~~enigma~~ picture.   I will not try to  
8 read the entire statement by other medical  
9 associations, but if I may refer just to the  
10 recommendations of the few.   I think you will  
11 find them in context with what is being said now.

12           The British Columbia Medical  
13 Association, the Drug Habituation Committee in  
14 September of this year said, "If Marihuana is  
15 not dangerous, neither is it desirable.   The  
16 Committee does not advocate its use and even  
17 questions the need for another intoxicant in the  
18 society which alcohol serves so 'well'."

19           The Commission, as it applies to  
20 the use of Marihuana emphasises that the law  
21 must be obeyed as it stands.   While not calling  
22 for legalization of Marihuana and while not  
23 advocating its use, the Committee did call a  
24 question <sup>of</sup> the appropriateness of the present legal  
25 control of drugs relative to the evil which the  
26 law seeks to suppress.   The Committee concluded  
27 that the harshness of the law outweighs the  
28 probable danger of Marihuana itself.   Recommendation  
29 one, that a continuing program of research be  
30 maintained to determine the causes of drug abuse,



1  
2 two, that a continuing program of education be  
3 maintained directed to the medical profession and  
4 the public to describe the dangers of drug abuse  
5 and to educate to prevention. Three, that some  
6 modification of existing law be enacted whereby  
7 Marihuana remains subject to control without  
8 subjecting users to criminal sentences and  
9 criminal records.

10 The British Parliamentary Advisory  
11 Committee on drug dependence, in their report,  
12 here on page five, says "We have no doubt that  
13 the wider use of Cannabis should not be encouraged.  
14 On the other hand we feel that the dangers of  
15 its use is a commonly -- is commonly accepted  
16 in the past and the risk progression to opiates  
17 have been over-stated and that the existing  
18 criminal sanction intended to curb its use are  
19 unjustifiably severe."

20 Perhaps the Commissioners will be  
21 familiar with the statement made to the Canadian  
22 Pharmaceutical Association two months ago.  
23 The possession of Marihuana be an indictable  
24 offence under the Narcotics Control Act, which  
25 it has been since 1923 doesn't seem to have been  
26 a very effective deterrent, nor does it seem to  
27 me that criminal records to four thousand  
28 curious kids each year serves a very worthwhile  
29 social purpose.  
30

The Honourable John Munro,



The first part of the paper is devoted to a general discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The scientific aspect of the problem is concerned with the question of how life arose from non-life. The philosophical aspect is concerned with the question of whether life is a necessary part of the universe or whether it is a mere accident. The paper then proceeds to a discussion of the various theories of the origin of life. These theories are divided into two main classes: the theory of spontaneous generation and the theory of biogenesis. The theory of spontaneous generation is the older of the two and is based on the idea that life can arise from non-life. The theory of biogenesis is the newer of the two and is based on the idea that life can only arise from pre-existing life. The paper then discusses the evidence for and against each of these theories. It is shown that the evidence for spontaneous generation is weak, while the evidence for biogenesis is strong. The paper then concludes by stating that the theory of biogenesis is the most reasonable one.

The second part of the paper is devoted to a discussion of the various theories of the origin of life. These theories are divided into two main classes: the theory of spontaneous generation and the theory of biogenesis. The theory of spontaneous generation is the older of the two and is based on the idea that life can arise from non-life. The theory of biogenesis is the newer of the two and is based on the idea that life can only arise from pre-existing life. The paper then discusses the evidence for and against each of these theories. It is shown that the evidence for spontaneous generation is weak, while the evidence for biogenesis is strong. The paper then concludes by stating that the theory of biogenesis is the most reasonable one.

1 Minister of Health and Welfare for Canada.

2 The Wooten ) Report in the United  
3 Kingdom comments, "that to inflict the same  
4 penalty" and they referred here to Cannabis as with  
5 opium, Heroin, etc., "to inflict the same penalty  
6 offends logic."  
7

8 There are a few other things I think  
9 we can probably skip there. The Commissioner  
10 did comment, aside from this issue of criminal  
11 records, dangers and the mysterious connection  
12 between drugs which existed in terms of the users  
13 predisposition and in terms of social exposure  
14 and this was certainly said by the Commissioner.  
15 In addition it said something else and I would  
16 just like to make a comment about it, if I may.

17 That is, that the medical  
18 profession has been unprepared for the Marihuana  
19 abuse. This is absolutely correct. It is  
20 an understatement, I think and I think we have  
21 become much more aware of it, as an organized  
22 profession. I would point out that the  
23 Canadian Medical Association has one committee  
24 going now to sort out a position on the overall  
25 subject and will very -- almost definitely be  
26 looking through its division into the subject  
27 of medical handling of stimulants, amphetamines  
28 prescribed and so on. The Ontario Medical  
29 Association in its next years program will be  
30 devoting a significant part of the meeting to this



1 sort of subject. At the present, however, this  
2 remains true and I think that the Commissioner  
3 was being kind in not putting us down even more  
4 strongly, but I would point out that we are  
5 beginning to respond.  
6

7 The legalization brief then falls  
8 into the same sort of problems and most of  
9 what I have read made reference to the source  
10 of statements made by the legalization committee  
11 pointing out again that in one statement more  
12 is being said of the dangers of drugs are  
13 overrated and the laws applied may be very harmful.  
14 Other statements almost invariably say in the  
15 supporting pages to include the need for more  
16 research which the R.C.M.P. Commissioner has  
17 also supported and adequate education and not  
18 for legalization, but some question of criminal  
19 records and how that is handled. In this  
20 regard, I would appreciate it if anyone else  
21 later would comment. My understanding is that  
22 the Government is considering legislation which  
23 would lock out and effectively remove criminal  
24 records after five years of <sup>good</sup>behaviour. If this  
25 is true, and it still is, but presumably the  
26 passage, and I would like someone to comment later,  
27 because my understanding would be that as  
28 the law regarding possession of Marihuana now  
29 stands it would then become better to be  
30 criminally convicted and locked up, than to go





1 the summary route, because if you go by the  
2 summary route you will have a local record still  
3 in existence. If you are criminally indicted  
4 -- at least when you get out of it, you can be  
5 wiped out five years later, and I hope one of  
6 our legal experts, perhaps Mr. Bowlby could  
7 comment on that, but it is really a part ---  
8 it has real implications and I would like to  
9 hear someone else's comments on it. That  
10 Holland experiment is -- is kind of interesting.  
11 We did hear about it -- what we didn't hear about  
12 it that provosts in Holland had to promote this  
13 in these establishments, trial establishments  
14 by threatening to throw several pounds of LSD  
15 in the water supply and that got to a few people  
16 and they got a little bit up tight.

17 I will stop just at that and comment:  
18 sure, medicine has been out of it, where do we  
19 get in. I think Bill will probably speak to  
20 this in a different form, but basically we get  
21 into a new role. We get into supporting  
22 institutions which can and do effectively  
23 identify drug related problems and we support  
24 them by being consultants to them. Those  
25 organizations may not be in the usual sense  
26 medical. They may be street organizations  
27 who know what is going on, who may or may not  
28 condone or approbate drug use, but in any event  
29 are realistic and they are more prepared to and  
30



1  
2 have more trust from and with people who are  
3 likely to run into these sorts of problems.

4 Finally I point out it is not  
5 a downtown problem and as the Commissioner pointed  
6 out too, we are talking about all age groups,  
7 we are talking about all socio-economic groups  
8 and we are talking about a remarkable number of  
9 drugs, many available over the counter, numbers  
10 of sedatives for example, a number of amphetamines,  
11 cold capsules that have codeines in them and  
12 there is just an endless list that you could  
13 buy if you wanted to. In case you don't watch  
14 the advertisements on T.V. as Mr. Campbell  
15 pointed out, it will soon help change your mind.

16 Mr. Chairman, I would like to  
17 stop there and hope that more questioning would  
18 come out.

19 ASSISTANT COMMISSIONER CARRIERE: Thank you,  
20 Dr. Solursh. Any questions? Dean Campbell?

21 MR. CAMPBELL: The question that  
22 Dr. Solursh touched on just at the close of  
23 his remarks on the use of other drugs,  
24 presumably by adults, populations away from the  
25 centre of the City. I notice that in 1968 in  
26 Canada we produced for Canadian non-export use,  
27 but Canadian use, fifty-five million, six hundred  
28 thousand standard doses of amphetamines. And in  
29 the same year we produced five million and fifty-six  
30



1 million, six hundred standard doses of the ---

2  
3 Are you in a position, Dr. Solursh,  
4 to make any comment on the significance of those  
5 production figures and whether they suggest that  
6 there is a use problem of these drugs from those  
7 figures?

8 DR. SOLURSH: It has been  
9 estimated by the United States Food and Drug  
10 and by medical authorities that these types of  
11 amphetamines and other types of drugs which  
12 the street informs of trafficking and I am sure  
13 that ten times that amount and this has been said  
14 in the States have been produced illegally and  
15 both groups of drugs are really not that hard  
16 chemically to produce in your bathtub sort of  
17 thing. The amount is, I think -- perhaps  
18 if someone else has something else to add, but  
19 there are some figures in '62 that might put it  
20 into perspective.

21 MR. STEIN: I have a question.  
22 I am trying to make sure I understand your position  
23 or your bias as you have put it. You are  
24 stating straightforwardly that you are not  
25 for legalization at this time?

26 DR. SOLURSH: At this time.

27 MR. STEIN: And you have quoted  
28 a number of organizations and individuals who  
29 have stated they are favourably inclined towards  
30 some modification of the present penalties. I





1  
2 wonder if you would care to be more specific  
3 in terms of your bias here as to what you think  
4 this modification of the law as it now stands,  
5 ought to be in light of the existing medical  
6 knowledge available?

7 DR. SOLURSH: I firmly believe  
8 that I am not a lawyer nor a legislator and  
9 therefore not in a position to make suggestions  
10 as to even literally the content let alone the  
11 wording. I feel that I am incompetent to  
12 point out areas or principles on which such  
13 legislation might be based, that is, might be  
14 based and I tried to enumerate some of those  
15 principles but in all honesty I would be doing  
16 a disservice to those experienced people.

17 MR. STEIN: If you could do that,  
18 it would be good, but just let me add one thing:  
19 it has been suggested that having a criminal  
20 record -- I think someone put it, it was like  
21 being pregnant, you either were or you weren't  
22 and to use a perhaps a forced analogy here, short  
23 of changing which possession of this drug is  
24 not considered a criminal act, it seems to me  
25 that persons, not only legally trained, need to  
26 be heard from in terms of the kind of things  
27 you suggested you would be prepared to do  
28 when you talk about the principles ---

29 DR. SOLURSH: Fine. What it is  
30 going to come down to is -- we presently subscribe



1 to the 1961 Singleton convention. It may or  
2 may not continue to do so, but as long as we do,  
3 or committed to eradicating twenty-five years  
4 anyway, so within that framework what kind of  
5 legislation do we name? If there are no  
6 criminal sanctions at all, then in fact the drug  
7 while <sup>it is</sup> still under control which may meet the  
8 International requirements would be in fact  
9 legal as to possession so that the only thing  
10 -- the only way I can possibly see it would be  
11 in terms of penalties that are committed with  
12 reality and by this I specifically mean the  
13 fine or very minimal sentence. I frankly don't  
14 even think jail is a penalty, serves any useful  
15 purpose for possession and the argument that the  
16 police may have to catch them on possession when  
17 they know he is a dealer and they can't get --  
18 or possession with the intent of trafficking,  
19 for the purpose of trafficking all they can get  
20 to prove -- but that is no argument. If the  
21 guy is dealing then he deals it. It is still  
22 -- still belongs along with the legality with  
23 fine and long sentence and again we are agreeing  
24 with that question of criminal record being  
25 erased and that is not regarding drugs alone, but  
26 erased in a given period of time if the person  
27 has no further charges.

28 THE CHAIRMAN: I wonder if we  
29 might at this time hear from Mr. Clements. I  
30

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be carefully documented to ensure the integrity of the financial data. This includes recording dates, amounts, and the nature of the transactions.

Secondly, the document highlights the need for regular audits. By conducting periodic reviews of the records, any discrepancies or errors can be identified and corrected promptly. This process not only ensures the accuracy of the data but also provides a level of transparency and accountability.

Furthermore, the document stresses the importance of keeping the records secure. This involves implementing robust security measures to protect the data from unauthorized access, loss, or theft. Regular backups and secure storage solutions are recommended to safeguard the information.

In addition, the document mentions the importance of maintaining clear and concise records. Each entry should be easy to understand and should follow a consistent format. This makes it easier for anyone reviewing the records to quickly grasp the information and identify any potential issues.

Finally, the document concludes by stating that maintaining accurate and secure records is essential for the long-term success of any organization. It provides a solid foundation for financial analysis, decision-making, and compliance with regulatory requirements.



1 understand there is some degree of common  
2 experience here.

3 DR. SOLURSH: Do you want me to  
4 throw in that 1962 figure?

5 THE CHAIRMAN: Certainly.

6 DR. SOLURSH: In 1962 enough  
7 amphetamines were produced legally in the U.S.A.  
8 to supply every man, woman and child with twenty-  
9 five doses of ten milligrams each. In 1967  
10 the Department of National Health and Welfare  
11 reported illicit Canadian production was  
12 sufficient to supply -- no matter how you look  
13 at it, it is somewhat comparable. The range  
14 is a little more higher. There is more general  
15 production in terms of per capita. It is being  
16 used and perhaps over prescribed medically and  
17 a good portion is reaching the street and we  
18 know -- we have seen it on the street and housewives  
19 and diet control pills and there are significant  
20 numbers and they are growing and have over the  
21 past few years in Toronto and now in Montreal and  
22 to some extent Vancouver, numbers of people,  
23 often young people using different stimulants,  
24 usually Methadrine or amphetamine by injection  
25 and becoming very psychically dependent, certainly  
26 showing withdrawal syndrome of depression for  
27 four or five days afterwards, stopped and with  
28 brain wave changes during that period of time  
29 also, so there is some question of physical  
30



1  
2 dependency, whatever that may prove. And if the  
3 question is here, towards what I may be concerned with  
4 as a doctor, of this pattern, very.

5 MR. CAMPBELL: There are two  
6 concerns, one was just what you briefly hinted  
7 at, the over-prescribing. I think we should  
8 know, have expert testimony on the extent to which  
9 this is probably taking place. I put that in the  
10 context if I understand this policy of Sweden  
11 that now it has not allowed these drugs to be  
12 available for prescribing by physicians  
13 considering them too dangerous and the question  
14 out of this is, the medical profession itself  
15 undertaking an investigation of its own activities  
16 in over-prescribing.

17 DR. SOLURSH: Yes.

18 MR. CAMPBELL: I see.

19 DR. SOLURSH: This has been  
20 prescribed at the C.M.A. and such an investigation  
21 will take place in the very near future.

22 MR. CAMPBELL: Will there be time  
23 for us to benefit, do you think?

24 DR. SOLURSH: Yes, within the  
25 life of the Commission, I think so.

26 THE CHAIRMAN: Yes?

27 THE PUBLIC: I would like to  
28 ask the Commission as well as the doctor who  
29 seems to be the only gentleman with plenty of  
30 facts. We are dealing with an established fact

1. The first thing I noticed when I stepped  
out of the train was the cold air. It was  
a sharp contrast to the warm weather of  
the South. I had heard that the North was  
cold, but I didn't realize how cold it would be.  
The wind was blowing hard, and I was  
wearing a thin coat. I shivered as I walked  
towards the station. The people around me  
were all bundled up in heavy coats and hats.  
I felt like an outcast. I had never been  
in the North before, and I didn't know  
what to expect. The people here were  
different from the people in the South.  
They were more reserved and less friendly.  
I had heard that the people in the North  
were unfriendly, but I didn't know how  
unfriendly they would be. I was alone  
in a strange land, and I didn't know  
anyone. I was lost and alone.

2. The second thing I noticed was the  
architecture. The buildings were different  
from the ones in the South. They were  
more ornate and more grand. I had  
never seen buildings like these before.  
The streets were wide and clean. The  
people were dressed in fancy clothes.  
I felt like I had entered a new world.  
The North was a different place. It was  
a place of opportunity and hope. I  
had heard that the North was a place  
where people could make a better life for  
themselves. I was here, and I was  
going to make a better life for myself.

1  
2 that the drug abuse or use is existent. Has  
3 anybody ever given any thought of how this use  
4 arose at this particular time when it has been  
5 established Cannabis was available for centuries  
6 and thousands of years, why this particular time  
7 this great occurrence. Could it be two reasons:  
8 one, that the pharmaceutical companies have  
9 produced drugs and pushed them through advertising  
10 and therefore made people aware of other drugs  
11 or is it an evolution of mankind, possibly in the  
12 young generations, that the materialism of the  
13 world has become so great that we have  
14 realized that the values of present day society  
15 are no longer in equilibrium. Now, people  
16 that have up to now, philosophers and learned  
17 people that have used Cannabis have now found  
18 a greater number of followers and therefore  
19 this becomes more like a distributor. Which  
20 came first, the drug industry producing the  
21 drugs and Marihuana coming into it, or is the  
22 world or mankind evolutionary ready for a  
23 different awareness and a different set of  
24 values?

25 DR. SOLURSH: You don't want the  
26 Commission to answer that first?

27 THE CHAIRMAN: Our position is to  
28 reserve.

29 DR. SOLURSH: There have been  
30 a lot of surveys, but those that have any





1 statistical meaning unfortunately necessarily  
2 have involved loading the questionnaire to some  
3 extent by offering certain choices why people  
4 would give reasons for using these drugs at this  
5 time, so that, no, at this point I will pull  
6 away from that kind of fact, statistical fact,  
7 and if you like, just comment on what you said  
8 and the observations that a large number of us  
9 working in different countries with different  
10 professional backgrounds and personal backgrounds  
11 have contentually validated for each other.  
12 Would that meet the criteria?

13 THE PUBLIC: I don't think it  
14 answers the question totally. I feel just as  
15 well as we are trying now to control the use of  
16 the drug, wouldn't it be better to try and  
17 determine the origins and the causes that have  
18 brought the effect, meaning should society  
19 not look at its whole concept of materialism  
20 and possibly the Commission making recommendations  
21 to that effect because I know in the drug use  
22 there are so many facts that also tie into it  
23 and I think they should also be brought out.

24 THE CHAIRMAN: I have no  
25 hesitation in saying we regard that as one of our  
26 duties. I think it is quite clearly set out  
27 in our terms of reference. We have to look at  
28 the larger significance of this context and no  
29 doubt we accept this part of our mandate.  
30



1  
2 THE PUBLIC: There is one question  
3 the Police Commissioner was asked and does he  
4 discriminate against -- I think there was  
5 discrimination against youth made in as far as  
6 penalties in as far as picking up offenders, so  
7 that if somebody is -- I think it becomes simple  
8 as far as it is now that a man with a lot of  
9 money and the Cadillac being picked up for drunken  
10 driving. He can possibly get off, while the law  
11 sort of thinks, we will fix him, and therefore there  
12 is more cases of mutual offenders being found  
13 in the Court. Mind you, I think it is a  
14 question the Commissioner should have been asked.  
15 I think the gentleman here is connected with  
16 the trailer so I think he possibly could  
17 answer the question. Is there discrimination  
18 against youth in this aspect?

19 THE CHAIRMAN: Mr. Clements, would  
20 that deal with you?

21 MR. CLEMENTS: Well, first of  
22 all I have to state that I would like to thank  
23 the Commission for their kind invitation to appear  
24 and secondly point out that I of course do not  
25 hold a mandate from the Department of Health or  
26 the Mental Health branch or the Ontario Government.  
27 I must appear of course, as a scientist. And  
28 my involvement with drugs has been for approximately  
29 seven years. My involvement in this particular  
30 area has been for the past three years almost





1 steadily. First of all, I would think that the  
2 issue of materialism is somewhat of a red herring  
3 in that there is a very realistic issue and that  
4 is almost a cliché. The technology available  
5 to our society, and by our society I literally  
6 mean our society. Any kid who has obviously  
7 got through high school chemistry today is  
8 quite capable of manufacturing almost any of the  
9 popular drugs on the street. I was talking to  
10 -- recently to a botanist, rather eminent botanist,  
11 and as a graduate student and I asked him how  
12 long it would take them to produce a new Marihuana,  
13 if you will, that could not be identified as  
14 such and they talked about hibernization and  
15 radiation bombardment techniques and all this sort of  
16 thing and then they finally came up with a figure  
17 of, "Well, we will have a plant for you in a year  
18 and we would -- I guess we could be in full  
19 production within three years."

20 Now, these are professional  
21 botanists and I think -- perhaps I can't identify  
22 with Dr. Lehmann on the Commission more than  
23 anyone else, because for a number of years I have  
24 read his publications and am very impressed  
25 with his work as a scientist and he and I have  
26 both worked in the area of new drugs for  
27 pharmaceutical -- for the pharmaceutical industry,  
28 and for example, 3% of the drugs that get --  
29 that start out in human testing, the human studies  
30



1 actually make it to the market. This is  
2 for a number of reasons. But the availability  
3 of the chemist to -- the technology of the  
4 chemist, the very high degree of sophistication  
5 that is available, is also available for instance  
6 not only to Dr. Lehmann as a scientist, to Dr.  
7 Solursh as a practising psychiatrist, but also  
8 available to our friend here, to his purposes  
9 where he is saying -- where he is questioning  
10 material of the society and that technology  
11 is available to him and it is available to him  
12 if he happens to be fifteen years old, and  
13 I think that is -- that for instance, that  
14 technology is available, not just to Dr. Lehmann  
15 and myself, but we have both done investigations  
16 for the pharmaceutical -- the ethical pharmaceutical  
17 industry, but also that technology is available  
18 to virtually anyone in this room and, you know,  
19 this really does raise a serious problem. It  
20 raises a problem of role definition. For  
21 instance, I would seriously question some of  
22 the things that I find relevant to my own work.

23 I find for example -- find  
24 myself addressed as the commissioner, Dr. Solursh  
25 spoke to the question of violence. I find  
26 myself not directly involved in violence, although  
27 I am aware that it is very much around. I find  
28 myself involved a great deal with anger. In my  
29 position I am constantly bombarded by a degree of  
30



1  
2 anger by young people and I am bombarded by  
3 a high degree of society and this anger, at least  
4 to me, is very close to a level of overt violence.

5 For instance I saw a young man  
6 the other night who had taken some LSD and his  
7 parents had come home unexpectedly and they  
8 had rushed him to a general hospital here in the  
9 City on another matter -- where I had been  
10 consulted on another matter and it took us  
11 about five minutes to get the young man to a  
12 position where he was no longer upset, but it  
13 took the resident psychiatrist who was there  
14 approximately four hours to deal with his parents.

15 Now, there was no problem with the  
16 kid. His parents had certainly got him all  
17 shaken up and rushed him to the nearest hospital.  
18 But <sup>his</sup> parents were terribly angry and terribly  
19 frightened, back to anger, back to fear, and  
20 as I say, it seems to me to be perhaps one of the  
21 most -- one of the most relevant issues is the  
22 technology, that it is not simply available to  
23 Dr. Lehmann as a scientist, Dr. Solursh with  
24 the finished product, but it is available to  
25 everyone in this room.

26 THE CHAIRMAN: What general  
27 conclusion would you draw from that fact for  
28 our purposes, Mr. Clements? What are the  
29 implications of that for our purposes?

30 MR. CLEMENTS: One of the





1  
2 implications for instance that we are seeking  
3 is that drug availability, not drug use, and I  
4 must make that clear -- make that a clear delineation,  
5 that drug availability is endemic in our society.

6 Now, there is no Marihuana to speak  
7 of in Toronto, as far as I know in any reasonable  
8 amount. There is -- and when you think of the  
9 steps that have to be taken to dry up that  
10 supply. I would also suggest that for instance  
11 I find it very interesting that the -- for  
12 instance, the double standard, if you will,  
13 where the Los Angeles Free Press recently  
14 published the names and home addresses of every  
15 narcotics agent in the State and this is  
16 federal, state and local. And when they were  
17 enjoined by the United States Government the  
18 action was taken, the legal action was taken  
19 by the Federal Agencies, their defence was,  
20 "Well the police have no hesitation in releasing  
21 the names and home addresses of everyone that  
22 they pick up and charge." These people haven't  
23 been convicted, they have been charged, they have  
24 been charged. They have no objection to it  
25 letting out their home addresses either.

26 I suggest to you, sir, that is  
27 a tremendously angry and in what I have referred  
28 to in the past as neo political, a tremendous  
29 neo political act that there is -- and I think  
30 that in the non-overt, non-physical way, that this



1  
2 is extremely violent.

3 THE CHAIRMAN: To what do you  
4 attribute this anger to, Mr. Clements?

5 MR. CLEMENTS: I can perhaps  
6 deal with that, sir, on a personal level and  
7 perhaps Dr. Solursh may feel appropriate to comment  
8 on this. That for those of us who are very  
9 deeply involved in this area in a professional  
10 context, the number of colleagues that we have  
11 in a realistic opportunity to discuss or work  
12 with. In my own case I can think of five  
13 people in North America. It is almost a  
14 schizophrenic world, sir, that on one hand  
15 I am -- perform as a function of my work, as  
16 my research mandate to function at one level,  
17 and on the other hand I am confronted with  
18 professional colleagues who literally don't  
19 recognize that there is an issue involved.

20 I am confronted with continued  
21 distrust by patients, young people in general,  
22 of the professional society of the greater community.  
23 When I see appropriate responses made by greater  
24 society the response by young people to those  
25 actions, it is almost pathetic

26 THE CHAIRMAN: What is the response?

27 MR. CLEMENTS: Well, for  
28 example, the -- well, this is a situation that  
29 Dr. Solursh is aware of, mostly because I utilized  
30 his services. A year ago I was called in the





1 evening by the staff of the Trailer in Toronto  
2 and they had a thirteen year old that had been  
3 -- that had never been in Yorkville in his life,  
4 and he had been sniffing glue and for four days  
5 he had been hallucinating, he was a little  
6 frightened of this, and so he told his parents  
7 and there had been considerable press about  
8 the Juvenile Court taking a very strong stand  
9 on glue sniffing, police arresting people on  
10 glue sniffing and this is a kid who had never  
11 been in Yorkville himself and he told his  
12 parents that what the problem was, he told his  
13 parents that the Trailer was cool and there  
14 would be no -- that they wouldn't tell the  
15 police and that they would get him help and  
16 that there would be no Juvenile Court involvement.  
17 So unfortunately the Trailer had little experience  
18 with thirteen year old glue users, they are  
19 mostly accustomed to LSD, stroponium, this sort  
20 of thing and amphetamines and they phoned up  
21 and said, "Hey, do you know anything about glue?"  
22 I said, "Well, a little bit." They said  
23 "We have got a thirteen year old glue freak here,  
24 and for God's sake do something. We are not dealing  
25 with glue freaks." So I went down and we  
26 arranged with Dr. Solursh for medical services  
27 for the boy immediately and then the next  
28 day we were able to arrange more appropriate  
29 facilities. It seems to me significant that  
30



1  
2 a boy who has never been in Yorkville in his  
3 life, that who -- that he responded to an agency  
4 that functions almost entirely in Yorkville  
5 and this has been the experience of the Trailer,  
6 that they found more and more of their calls  
7 have been from far beyond the physical mandate  
8 if you will, the geographical mandate that was  
9 originally established for them. It seems to  
10 me rather questionable that most of the  
11 institutions of our society were not prepared to  
12 respond to that boy's needs.

13 THE CHAIRMAN: Assuming, Mr.  
14 Clements, as you say, going to have to live with  
15 drugs, that ---

16 MR. CLEMENTS: I am not saying  
17 we have to live with them.

18 THE CHAIRMAN: I am sorry, I was  
19 drawing an inference from your statement.

20 MR. CLEMENTS: I am saying that  
21 they are there now.

22 THE CHAIRMAN: That's right.  
23 And that we will have casualties regardless of  
24 what legislation we adopt. What kind of service,  
25 support and services are we to have in the  
26 community? How should they be organized from  
27 your experience? What is required and how  
28 best is it to be given in terms of organization,  
29 decentralization and so on.

30 MR. CLEMENTS: This may sound



1 somewhat heretical. It seems to me that  
2 the -- if I may go back to the point of the  
3 endemic availability of technology, that it seems  
4 to me that drugs are simply, for example, only  
5 one example of this.

6 For example, you can produce the  
7 same effect with white sound. I have in  
8 my collection things to turn on, white sound,  
9 and this was used by two graduates of Southern  
10 American Universities.

11 Now, there is no law against having  
12 taken white sound. I don't think it is -- it is  
13 a question of how do you respond to this kind  
14 of thing. I don't think it is a question of  
15 how you respond to drugs. I think one of the  
16 major factors of drugs is its neo-political  
17 quality.

18 THE CHAIRMAN: What do you mean  
19 by that?

20 MR. CLEMENTS: Well, we have a  
21 relatively simple compound such as Cannabis.  
22 I think many people have spoken before about  
23 -- we have resources and have for a long time,  
24 had the resources to do serious investigations of  
25 this compound. There haven't been any done  
26 for many reasons. I am sure the Commissioner  
27 has heard that many times.

28 It seems to me that this --  
29 that the mere existence of this Commission that  
30





1  
2 we are reacting to drugs the way we are. The  
3 recent actions of the American Government at the  
4 borders of Mexico, the border of Mexico itself,  
5 that here we are confronted with a problem that  
6 our traditional tactics of political and social  
7 control have obviously failed miserably. They  
8 are simply non-functional. For example, I  
9 am not a lawyer, but I am reasonably familiar  
10 with the Food and Drug Act.

11 What would happen -- if I may,  
12 just for instance, hypothesize a question that  
13 may perhaps be of interest to Dr. Lehmann.

14 What would happen if we played  
15 around with Lysergic Acid molecules a bit  
16 and simply labelled the product "granular use  
17 only".

18 DR. LEHMANN: Labelled it what?

19 THE CHAIRMAN: Labelled it to  
20 granular use only.

21 MR. CLEMENTS: Is there any way?  
22 The law says we have done it. We have in  
23 fact legalized the distribution of the product.  
24 Now, this -- this ploying was explained to me  
25 two months ago by a fifteen year old who is  
26 planning to distribute TMA 2, which he has  
27 manufactured.

28 THE CHAIRMAN: Are you saying  
29 to us, Mr. Clements, that we can not hope to have  
30 ever any effective control of quality or



1  
2 availability?

3 MR. CLEMENTS: No, I am not saying  
4 that at all, sir. I am not saying that at all.  
5 What I am saying is that our traditional tactics  
6 in our presence, and if you will, in the confrontation  
7 of a -- of a world-wide technological I will  
8 call it, but there are tactics of social control  
9 and legal controls which were essentially  
10 designed to deal with the issues of the industrial  
11 revolution, are totally inadequate to deal --  
12 to deal on the technological revolution.

13 THE CHAIRMAN: Taking it from the  
14 other end then, do you see it is capable of  
15 devising adequate mechanism for insuring  
16 reliable information is available and in a timely  
17 fashion.

18 MR. CLEMENTS: This probably is  
19 one of the major problems of our society, sir.  
20 Those of us who are in the academic or semi-  
21 academic world have long been concerned about  
22 things like publicational ads, this type of thing.  
23 For example, I can -- you know, I will confess, sir,  
24 that for instance we are currently operating on  
25 a basis of non-publication. We are operating on  
26 a basis of telephone information between colleagues  
27 who are involved in the area. For example,  
28 I received a phone call recently from a colleague  
29 who said, "Are you ready for this?". Now, there  
30 is a drug that produces mild petty mal-seizures.





1  
2 He says, "We have got five high schools, the kids  
3 are cranky, and he says it is happening in a whole  
4 lot of places." You know, well -- what do you  
5 do, you know. Do I write a publication in a  
6 learned journal of memos to my various superiors,  
7 or do I immediately get on the telephone to a  
8 number of key people who depend on me for  
9 information and say, "Hey, what about this?". I  
10 mean that is the reality, sir, and I think that  
11 those problems -- I think for instance if you  
12 spoke to R.C.M.P. officers that are responsible  
13 for dealing with the street situation that they  
14 would tell you exactly the same thing from a  
15 social mandate point of view, that those kind,  
16 those kinds of lags that are technical structures  
17 for dealing with this kind of thing and I think  
18 drugs are a very small part of this. I don't  
19 think that we, as a society, are ready to face  
20 the reality of this technological revolution.  
21 I think that Marihuana is probably the safest  
22 vehicle that I can think of to make us aware,  
23 not of drugs, I think that is almost irrelevant,  
24 but of the -- the fact that some kid can produce  
25 whatever he wants to make and there is nothing you  
26 or I can do to stop him. I mean, you know, how  
27 are you going to stop some kid from producing  
28 white sound. As I say, I have two wonderful  
29 tapes of this, I haven't tried it myself, but  
30 some friends of mine who shall we say have been



1  
2 known to try anything, speak very highly and they  
3 say it has the quality of good STP. I mean,  
4 it is the high priest. I mean for instance,  
5 are we as a society going to ask the Commission  
6 to start searching everybody who has a role of  
7 tape on them, and yet if you are concerned with  
8 hallucinogenic effect, that is exactly the  
9 position that this recent technological development  
10 has put us in.

11 MR. CAMPBELL: Are you saying  
12 this in the same concept that this is a society  
13 that is not ready to cope readily with the  
14 technology of innovation in the automobile  
15 industry, the innovation of technology in the  
16 armament industry ,that suddenly there is an  
17 atomic bomb that human society couldn't through  
18 its ordinary mechanisms, couldn't cope with and  
19 control and before we got ready to do that, the  
20 hydrogen bomb was there, and the same way in a  
21 great many other areas of technology.

22 MR. CLEMENTS: As a dean you  
23 are perhaps familiar with the latest figures<sup>that</sup> show  
24 92.2% of the scientists who have ever lived, are  
25 working today. The implication of this -- you  
26 know, this is an easy figure to toss off, but,  
27 God, if every time we turn around we are  
28 confronted with that kind of reality. For  
29 example, Dean LeDain, in our own area in law  
30 the use -- the research problem on the computer at



1  
2 Harvard, a computer search of cases, where once  
3 they debugged the problem of citation systems, once  
4 they simply adapted the citation system, radical  
5 change, doesn't this make a radical change in  
6 how you teach law and how you deal with law?  
7 What does it mean for instance that somebody who  
8 knows how to use a computer will also know  
9 how to search all the cases? That's all he has  
10 to do.

11 The developments in micro circuitry  
12 a number of years ago, I was at -- I was at  
13 Heath's Lab and everybody was laughing at --  
14 us in class. Well, that's not quite very funny  
15 any more.

16 MR. STEIN: Could I try and return  
17 to the question that we were hoping you might  
18 get pinned down on, and that is the question of  
19 what kind of college support in the community --  
20 referred to the Trailer and you graphically  
21 indicated how it seemed to be servicing a much  
22 wider geographical area by default and the  
23 difficulties you are citing now about getting  
24 the medical and other professionals to face up  
25 to the gap.

26 MR. CLEMENTS: I don't think it  
27 is a question of facing up, Mr. Stein.

28 MR. STEIN: I am sorry, maybe  
29 that is the word I thought you were referring to.

30 MR. CLEMENTS: What does it mean,





1  
2 for example, to someone, and we will just use the  
3 example of medicine, where someone has read a little  
4 bit about hallucinogenic drugs. I believe somebody  
5 mentioned that this was essentially a three year  
6 old phenonema. He has read a little bit, he  
7 is a very busy practitioner of medicine and all  
8 of a sudden he is confronted with a bad trip  
9 or he is confronted with a parent saying, "what do  
10 I do? " "My kid is smoking Marihuana."

11 I just think that, you know, unless  
12 we as a society -- as we, as a society look to  
13 evolve with the pressures of these technological  
14 changes, then we are in serious trouble.

15 MR. STEIN: Perhaps this is pushing  
16 you on this point, but it was suggested to me  
17 recently by a medical student presently in one  
18 of the Universities, that he was a president of  
19 this Medical Students Association and he was  
20 very concerned as of right now, in one of the  
21 larger mens' schools in Canada and there was  
22 still an avoidance of teaching in this area  
23 rather than of use or abuse and the problems  
24 that were connected with this and I only select  
25 medicine because this is your field, but I  
26 wondered if you had some observations about some  
27 of the practical steps that lead to, or ought to  
28 be, or could be taken in the immediate future  
29 around this -- what I choose to call gap.  
30 Maybe that is the wrong word there.



1  
2 MR.CLEMENTS: I suppose, you know,  
3 that probably the answer to that is how do we learn,  
4 we as individuals learn to deal with things that  
5 strike the very dominations of our own personal  
6 beliefs. For example, we asked our police  
7 force to deal with what is obviously an unenforceable  
8 situation and this makes a mockery of the  
9 police force and I guess I question that kind  
10 of short term thinking, you know, we will dump  
11 this, you know, and the refusal to think of the  
12 implications that are involved.

13 For example, on one hand we have  
14 (Mr. Pailing), President of the Columbia Broadcasting  
15 System, has -- is on a number of significant  
16 political committees in the United States. On the  
17 other hand we have full page ads in the-- in the  
18 magazines read by young people which says the  
19 man can bust our joke, but he can't bust our  
20 music. The Columbia rock machine has sold,  
21 I suggest to you, sir, that that is social.

22 DR. LEHMANN: Would you make  
23 the comparison, let's say, to greater sexual  
24 freedom. It also is probably, is partly an  
25 outcome of changed technology for the contraceptive  
26 pill, which even the Pope cannot legislate against.  
27 We have now a completely different system,  
28 simply because there are so much better  
29 contraceptive methods available, which there  
30 weren't before, and therefore the whole value of





1  
2 the system or the social structure may change.  
3 Is this what you mean?

4 MR.CLEMENTS: This is an excellent  
5 example. I might point out for example that the  
6 recent poison control statistics show that  
7 birth control pills are I believe, the second  
8 highest drug in class of accidental gesture.

9 Now, we know a little bit --  
10 the second largest drug of accidental gesture  
11 of infants and that as anyone in the area knows,  
12 is simply a question of availability. Now, for  
13 example the method of marketing birth control  
14 pills -- they come -- first of all, we know  
15 where they are kept. First, they are kept  
16 on a night table or a dresser; second, they are  
17 kept in the purse; third, they are kept in the  
18 kitchen; fourth, they are kept in the medicine  
19 cabinet; fifth, they are kept stashed away in a  
20 drawer somewhere. I suggest to you that most of  
21 us here that we recall contraceptives being  
22 kept stashed away in a drawer somewhere, so  
23 number one, we have a large number of accidental  
24 ingestion by infants. Secondly we have the  
25 packaging which is terribly feminine, terrible  
26 female. For example, the most recent birth  
27 control pills to come on the market comes in a  
28 lipstick tube and normally doctors get large  
29 numbers of packages of birth control pills or any  
30 other drugs as samples. This came with two.



1  
2 One contained Joy lipstick. Each doctor only  
3 got two. One was Joy lipstick and one was a  
4 sample of birth control pills and I suggest to you,  
5 gentlemen, that there isn't a doctor's wife in the  
6 country who would turn down a free package of  
7 Joy lipstick just because it happened to look  
8 exactly like a birth control package, so you had  
9 every doctor's wife in the country with this  
10 in her purse.

11 MR. CAMPBELL: What you have  
12 been saying, I see two ways of approaching this,  
13 one is you have this technology along with the  
14 others, all right, the drugs are there, they will  
15 be innovated, they will be plugged and put on the  
16 market. Now, one could ask of this, "Okay, if  
17 that technology had come at some other point  
18 in history, if the demand had been there to use  
19 it," is one approach. The other approach would  
20 be, I suppose, that the very fact of availability  
21 in itself, creates a new culture or element, it  
22 creates a new demand, it creates a new  
23 environment.

24 Now, I wonder when you said  
25 earlier to a gentleman who spoke from the floor  
26 microphone, that in a sense his positions were  
27 hereditarian, I got the impression that you were  
28 laying your heaviest stress on the fact of the  
29 technology and it creating a cultural component  
30 rather than there being a number of other



1  
2 elements in the society that are perhaps well  
3 intense of this period and perhaps that is an  
4 alienation, perhaps that is an analogy and so on,  
5 but made a soil in which this technology would  
6 take on this significance. I wonder if you  
7 would like to expand on this?

8 MR. CLEMENTS: This gets very much  
9 into the area of opinion and I guess an example  
10 of this is some of my own work where my colleagues  
11 are doing it all the time, and a graduate student  
12 who was working in my office this summer was  
13 reading Masters and Johnston, the work on sex,  
14 and his reaction to it, while we find Masters  
15 and Johnston being cited by learned bodies,  
16 learned men, this is the sort of thing, here is  
17 a graduate student who is reacting - whose  
18 reaction to Masters and Johnston was that  
19 the technological apparatus that they use for  
20 instance, for instance the -- the secretion, this  
21 sort of thing, his reaction was, "God, this  
22 stuff is gross". I mean here is a graduate  
23 student who is -- who I believe is due to get  
24 his PhD in the spring, and his reaction was  
25 that the study was, you know, it was almost as if  
26 it had been done in the dark ages, that the  
27 apparatus was so gross that he couldn't conceptualize  
28 doing the study with that type of apparatus.  
29 You know, it was just beyond his experience  
30 to do that kind of study because he is aware





1  
2 -- we are talking about a five year period here,  
3 sir, to him , he can't conceptualize Masters and  
4 Johnston's, their work. He totally distrusts  
5 it because of the grossness and inadequacy of  
6 the apparatus used, and when the study first came  
7 out, I am sure those of us who were aware of it  
8 were fascinated with the apparatus and here we  
9 are talking about a graduate student who literally  
10 can't conceptualize the validity of the study  
11 simply on the grounds that the apparatus is so  
12 gross.

13 MR.CAMPBELL: Let me put this in  
14 another way. Could I ask two things? If no  
15 one is using television cameras, and they don't  
16 seem to be using them, could they get those damn  
17 lights off.

18 The other things are---

19 THE CHAIRMAN: Could we have a  
20 comment.

21 ---Discussion off the record.

22 MR. CAMPBELL: What I am getting  
23 at is this: I am persuaded as many others are  
24 that one of the main thrusts of the attack on  
25 this society is the attack on reason. The  
26 reason itself is under attack as it has never  
27 been in the last five hundred years and that  
28 fact of that attack and that response carries  
29 out not only an attack on reason, but on the number  
30



1  
2 of institutions, bureaucracy that are bodies  
3 of reason and so on.

4 Now, I wonder if this, along with  
5 the technology is a part of the whole complex  
6 that must be seen as a whole. If you have a  
7 hardened rationalized age, would this technology  
8 not provide a demand for drugs as produced in an  
9 age where the reason itself was under attack?

10 MR. CLEMENTS: I would suggest  
11 that for an example of the technology,  
12 contemporary rock music, for example, probably  
13 the best group can use twenty-two tracks,  
14 recording equipment. I know a ten year old  
15 who is operating -- he has access to commercial  
16 equipment. He uses anything conceptualized  
17 using and does very proficiently sixty tracks.  
18 We will be shortly assaulted by EVR, which will,  
19 in addition to the component of contemporary  
20 music, which -- we are talking about  
21 electronics, music and voice will -- will add to the  
22 components of video and electronic video.

23 Just out of curiosity, I would  
24 wonder how many of the Committee can hear  
25 contemporary music. And I would wonder how  
26 many of the young people here that are very  
27 rightly concerned with this, with the Sitzings of  
28 this Commission, are prepared to deal with  
29 EVR which will carry the complexity of discrimination  
30 to the twenty-fifth power.





1  
2 Now, after all, we are dealing  
3 with that, and does the rationality -- I guess  
4 I am really questioning what a definition of  
5 rationality, what is, what constitutes rationality  
6 in this kind of a speeded up society.

7 For instance, is it rational  
8 for me to identify a new drug -- rather for the  
9 lab to identify a new drug, and is it rational  
10 for me to write a memorandum to superintendent  
11 of Queen Street Mental Health Centre, to have  
12 him write a memorandum to the Head of the Mental  
13 Health Branch, to have him write a memorandum  
14 to the Deputy Minister of Health, and to have  
15 him write a memorandum to the Food and Drug  
16 Directorate.

17 I suggest to you, sir, that that  
18 is not rational, in fact it may have elements of  
19 insanity about it.

20 DR. SOLURSH: Just, if I may,  
21 you know, along the same line. I don't see,  
22 Dean Campbell, how we can artificially separate  
23 out if this existed and that didn't, the  
24 intricacies of tie in are so close. Along with  
25 that total technology for example, goes that  
26 whole electronic thing and all that it means.  
27 It means the availability of production methods  
28 for computerization sets that one can devise  
29 variations on drugs more quickly and one can  
30 devise equipment to turn them out. It means that



1  
2 we are into things like instant in and instant off  
3 and we are into injecting speed on that same  
4 sort of basis. It also means as a mass  
5 technology thing that we are depersonalizing  
6 as we are reducing things to linear emperors  
7 and if we have to talk about, I think we can  
8 now talk about the family as being in ordinary  
9 society and probably a society effectively  
10 computerized. We are now running linear  
11 families. We can devise things this way and  
12 I don't think we can get around it. We can --  
13 we have been reduced to that, and it all ties in  
14 with the same technology and there is technology  
15 if you want to call it this, and sure the drugs  
16 we see now in growing use are those that influence  
17 mood, and amphetamines are not ennuyes  
18 and also by the same means, drugs that bring on  
19 this suppressed alienated feeling, but if you  
20 find out where the -- where it ties in with  
21 communications and brain washing by the  
22 communications.

23 May I refer the Commissioners to the  
24 issue of Life which came out yesterday?

25 THE CHAIRMAN: I haven't seen it  
26 yet. We haven't had time.

27 DR. SOLURSH: To quote a  
28 favourite colleague of mine, "are you ready for this?"  
29 You scratched that little yellow piece of paper  
30 that is on the liquor advertisement and you hold it



1  
2 up and smell it and there is that delicious smell  
3 of a drink.

4 MR.CLEMENTS: To add one point to  
5 this, this is the technological development which  
6 will appear in six months in the professional  
7 journals, and again I think Dr. Lehmann might  
8 be interested in this. They have finally  
9 debugged the sleek black box. There is a  
10 classical problem in pschyopharmacology that  
11 we have drugs which will produce very effective  
12 quick sleep, which is what the average physician  
13 wants and there are drugs which will not  
14 induce sleep but provide a tranquil sleep.

15 Now, the trouble with most of the  
16 drugs that produce the fast sleep is that they  
17 are typically hypnotics or are very prone to  
18 dependency and the trouble with drugs that don't  
19 produce a fast sleep, but produce tranquil  
20 sleep, is that they don't produce any noticeable  
21 effects for either the patient or the staff.  
22 I am not sure which gets the more upset.

23 Now, for some years the professions  
24 have been working on this and really didn't have  
25 it debugged. A young man who -- psychologist  
26 whose main area of competence is making toys  
27 for kindergartens has been playing around with  
28 this and now they have successfully debugged it,  
29 zap, fifteen seconds later you are in deep  
30 sleep, no REM interference, no problem. Four





1  
2 hours sleep, you have had it, full sleep, that  
3 just adds four more hours to the working day  
4 and if anybody is interested in what we do with  
5 good old-fashioned things such as the Commissioner  
6 of the Mounted Police was talking about, how do  
7 you work.

8 Now, where other people are talking  
9 about the leisure time problem, here is this  
10 clown sitting in Fort Erie making toys for  
11 kindergartens and doing very well at it, by the  
12 way, and he phoned me up a few weeks ago and said  
13 it was finished, it was beautifully debugged and  
14 it is working nicely. He said we have just  
15 finished a year's study with it. "Do you want  
16 to do it? By the way, do you require a Food  
17 and Drug Directorate permission," and you know,  
18 I am very curious about that, do I require the  
19 Food and Drug Directorate's permission to study  
20 a sleep induction electronic device.

21 In any case, it appears that he  
22 has successfully debugged the original Russian  
23 device and we are now presented with four more  
24 hours of the day to find something to do and  
25 I really find that encouraging working in a  
26 psychiatric hospital, because I can see that I at  
27 least will not be run out of business over night.

28 THE CHAIRMAN: I wonder -- I would  
29 propose that we adjourn at five today, but we have  
30 a few more days ahead of us. I am going to call



1  
2 on Mrs. Cook.

3 MR. STEIN: I wanted to ask  
4 one last question perhaps. I feel you have given  
5 us a very in depth kind of a description of a lot  
6 of the facets of this -- the cultural context of  
7 this thing. I wonder if you would care to  
8 -- to extend your comments into observing a  
9 question of law as some of the other people before  
10 you have, in other words, would you care to make  
11 any kind of a prescriptive statement based on  
12 these very eloquent observations you have just  
13 been making in terms of the laws on the control of  
14 Marihuana?

15 MR. CLEMENTS: I guess -- I spoke  
16 to that, Mr. Stein, but to make myself more clear  
17 my greatest concern is that as far as I can see  
18 from the point of view that I said, the law is  
19 totally irrelevant and this is of much greater  
20 concern to me, whether we legalize or delegalize.  
21 I mean de facto Marihuana has been legalized.  
22 De facto it has been dephobiated out of existence.  
23 You know, I mean when you send two hundred  
24 helicopters and defoliate the Hell out of Mexico  
25 you know, and ---

26 MR. STEIN: You mean by --  
27 if I am sure I am following you, you say it is  
28 dried up, we don't have it any more?

29 MR. CLEMENTS: There hasn't been  
30 any all summer.





1  
2 I mean there has been this massive  
3 very heavy put down, but I am concerned that  
4 those kinds of reactions that are tactics of social  
5 and legal control, are apparently essentially  
6 non-functional and I am afraid that I can't get  
7 very excited about whether or not we should  
8 legalize it or not legalize Marihuana. I regard  
9 that as a political vehicle and nothing else.

10 MR. STEIN: And yet you did say  
11 there was what you call a neo political facet?

12 MR. CLEMENTS: That is what I mean,  
13 that it seems to me that the larger issue is the  
14 real issue. For instance, I am very concerned  
15 that a large segment of our population choose to  
16 use these drugs regardless of the risks involved.  
17 I think that that is a question that is  
18 appropriate to address oneself to. I think it  
19 is appropriate that the highest quality of  
20 pharmaceutical engineering is taking the  
21 pharmaceutical industry. I think that it is  
22 -- that these are issues that are relevant and  
23 I think -- it concerns me very greatly that  
24 we, as a society -- for example, the number of  
25 times that I have had parents etc., say to me,  
26 "Why don't the police do something?", and, you  
27 know, I mean to do this to the police as an  
28 agency of which we, as citizens expect to provide  
29 us with protection from various things in  
30 society to make them irrelevant to cause -- to put



1  
2 them in a position of making totally unrealistic  
3 demands on them, so that they become irrelevant.

4 That I find very frightening.

5 MR. STEIN: You were here earlier,  
6 I think, were you, when the Commissioner from the  
7 R.C.M.P. was speaking. It didn't strike me that  
8 he was wishing to have this taken off the backs  
9 of the police. Is it your impression that there  
10 is this kind of feeling? Do you follow my  
11 question? It seems if I understood the  
12 Commissioner correctly that they ---

13 MR. CLEMENTS: We have kids making  
14 scapegoats out of the police.

15 MR. STEIN: Yes.

16 MR. CLEMENTS: And a relatively  
17 small number of people get arrested and go to  
18 jail and that sort of thing, but I haven't  
19 noticed any noticeable decrease in drug use as  
20 a function of police activities. I haven't  
21 noticed any great decrease in drug use as a  
22 function of my own activities or Dr. Solursh's  
23 activities, or anybody else's activities, and  
24 I just don't like seeing our police forces  
25 essentially immobilized this way and made irrelevant  
26 organizations.

27 THE CHAIRMAN: Yes, Dr. Solursh?

28 DR. SOLURSH: I will be very  
29 brief, but just to Mr. Stein's question, if I may.

30 This might help explain, because



1 what I was saying before was much along this line.  
2 If I have to answer your darned question about the  
3 law, fine, I will give you some kind of response.  
4

5 Now, let's get it out of the way.  
6 This is how I felt at the time, and let's talk  
7 about something meaningful. This is why I  
8 referred to a legislative paper chase and what I  
9 saw is meaningful is what can we do to be in any  
10 way active in terms of understanding, transmitting  
11 information and applying the laws and I think  
12 that comes into the definition of role. That is  
13 what I saw is pretty meaningful and in that role  
14 of definition and this is the other point I pick  
15 up and Mr. Clements was probably in the same  
16 range. We aren't -- I am not trying to cure  
17 people most of the time in the usual sense of  
18 the word, but rather this is a process that is  
19 going on, but that full definition. Perhaps  
20 Mr. Clements will speak to this, but it is what  
21 really matters and so if somebody asks me this  
22 kind of question I will give you some sort of  
23 answer, but it doesn't matter what I say.  
24 I am not sure it matters what happens with that  
25 law, I am sure it matters how we define our roles  
26 and decide how to utilize them.

27 MR. STEIN: If I understand  
28 you correctly, Dr. Solursh, is perhaps moving  
29 from the definition of this area and although you  
30 didn't compare this to society let's get on ---





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DR. SOLURSH: It is not a legal problem, it is a health problem.

THE CHAIRMAN: On that note I have considerable hesitation in inviting Mrs. Shirley Cook to speak on the social background of narcotics legislation. We have heard the laws are relevant, but nevertheless I think this may be an important part of our perspective. We will conclude our day with that. I want to thank you very much for telling us your experience.

MRS. COOK: Mr. Chairman, members of the Commission, I lecture at the Department of Sociology and this is a tag which will identify me. I hope the Commission notices who left the room, when Dr. Solursh started to speak. Did you notice? I think that this is rather important that the R.C.M.P. all left.

THE CHAIRMAN: Excuse me, Mrs. Cook, I don't want to embarrass you, but I must observe that the R.C.M.P. left because they had to make a plane and they had advised me beforehand they could stay until a certain hour and I don't wish to ascribe any other significance to their departure.

MRS. COOK: It just seems leaving it to me, that's all, that if there is anything to be said about this law and the controversy battle, it is a social and political struggle.



1  
2 I don't envy your job at all. I don't think  
3 your decisions are going to be based on scientific  
4 findings because it is pretty clear from what  
5 we saw this morning, both sides can find medical  
6 evidence to uphold their case and this is --  
7 I would suggest that really what this struggle is  
8 about is, controversy between two styles of life,  
9 two sub-cultures, a new sub-culture and an  
10 additional way of life and one of the questions  
11 you are going to have to answer is, do we have  
12 the tolerance in our society for this newer way  
13 of life, which tends to, as we have seen,  
14 reject additional ideas of reality, additional  
15 ideas on work and marriage and so on. I think  
16 that perhaps the brief highlight of this paper  
17 which is, in itself, the highlights of the  
18 narcotics investigation development in Canada  
19 shows how this struggle between styles of life  
20 and the non-scientific nature of the development  
21 of the laws have been true all along. And this  
22 is an interesting law because in an area when  
23 ---- the tendency in criminal law has been towards  
24 decreasing penalties, a lesser use of imprisonment  
25 and greater safeguards for the civil rights for  
26 individuals. The trend of our narcotics laws  
27 have been in the opposite direction. Here the  
28 penalties have increased until imprisonment at large.

29 A second anomaly is the law which  
30 originally intended to control groups that engendered





1  
2 prejudice and discrimination --the Chinese  
3 immigrants and the marginal whites who associated  
4 with them -- is today the vehicle for the  
5 prosecution of large numbers of young people  
6 from middle class homes. In the 1920's  
7 Parliament was horrified to hear about the  
8 machinations of the oriental "Drug Ring" which  
9 cunningly inveigled young white men, and worse  
10 still, young white women, into taking drugs at  
11 lavish "snow parties". After the oriental  
12 menace faded, the criminal addict became the  
13 villain. The law was intended to suppress  
14 addiction in people who were beyond the pale  
15 of respectability-- thieves, pimps, prostitutes,  
16 and other deviants. This same law has come to be used  
17 in recent years against high school and university  
18 students, most of whom have never been involved  
19 with the courts before.

20 With the change in the status of the  
21 offender we might have expected less energetic  
22 enforcement but this has not been the case during the  
23 past three years.

24 Finally, the penalties prescribed  
25 by statute kept increasing in severity over a period  
26 of time when the use of hard narcotics was  
27 apparently decreasing. The number of addicts  
28 dropped from an estimate of 9,500 in 1923, to  
29 4,000 in 1938, and 3,200 in 1955.

30 It was suggested this morning that



1  
2 Canada led the world in establishing the first  
3 law in 1908, in fact that law was an indirect  
4 result of public hostility towards Chinese  
5 immigrants on the west coast, Asiatic immigrants and  
6 as a result of an anti-Asiatic riot that took  
7 place in Vancouver in 1907 sent its deputy  
8 Minister of Labour, Mr. McKenzie King, to  
9 process claims for compensation. Much to  
10 King's surprise he received two claims from  
11 opium manufacturers for losses sustained during  
12 the riots and this prompted him to conduct a  
13 private investigation of the opium traffic in  
14 British Columbia and then he prepared a report.

15                   Legislation to prohibit the  
16 opium traffic was needed for two reasons, according  
17 to King: (1) to assist the government of China to  
18 suppress the traffic in that country and  
19 (2) to protect the white population, especially the  
20 women and girls. He stated, without any  
21 documentation, that

22                   ... the amount consumed in Canada  
23                   if known, would probably appal  
24                   the ordinary citizen who is  
25                   inclined to believe that the  
26                   habit is confined to the Chinese  
27                   and by them indulged in only  
28                   to a limited extent.

29                   The first law in 1908, in fact,  
30 had only one substance, opium. Over the years,



1  
2 the law has included four general classes, opiates,  
3 cocaine, Cannabis and the synthetic analgesics  
4 under which there were listed 89 specific  
5 substances in the 1961 Act.

6 By 1929 there were 28 offences  
7 in the legislation. Only in 1961 was the list  
8 reduced to seven major offences.

9 The maximum in penalties has also  
10 increased from the original three years and/or  
11 \$1,000.00 fine. Whipping for giving drugs to  
12 minors at the discretion of the Court, and mandatory  
13 deportation of convicted aliens were incorporated  
14 into the legislation in 1922, the year in which  
15 the legislation debate made it clear that  
16 the oriental drug trafficker had emerged as  
17 the villain. Two Members, one of them a Member  
18 of the Christian Church, expressed the hope that  
19 the deportation of those convicted under the  
20 Opium and Narcotic Act would help "to solve the  
21 Oriental question in this country." And they  
22 talk about slightly over a thousand Chinese  
23 were deported under this Act, up until 1939.

24 In 1929 -- from 1929 penalties  
25 kept increasing and I won't give you the details.  
26 The 1961 Act which removed most of the minimum  
27 sentences and eliminated whipping which was  
28 extended to any offence at the discretion of the  
29 Court in 1929 -- the 1961 Act increased the  
30 maximum penalty for trafficking to life and the





1  
2 minimum, for importing and exporting, to seven  
3 years. The latter is, to my knowledge, the  
4 heaviest minimum sentence in Canadian Criminal Law,  
5 except for capital and non-capital murder.

6 Now, the question is -- that's  
7 briefly it, we have a law and how does this come  
8 about? It was only possible by a strong set  
9 of justifying belief on the part of those who  
10 make the law. The statements of concern with  
11 the earlier legislation is they decided from the  
12 premise that human beings are by nature depraved  
13 and must be coerced into virtue and we ask  
14 about reality, you see, that was their  
15 assumption of what reality was. More  
16 specifically, narcotic use was believed to be  
17 highly contagious, very damaging physically  
18 and capable of producing a totally changed  
19 personality of the classical dope fiend.  
20 Under the influence of drugs, all drugs by the  
21 way, all narcotic drugs, otherwise law abiding  
22 citizens became sexually immoral, committed  
23 violent crimes and eventually became raving  
24 lunatics. These terrible consequences were  
25 thought to be possible as a result of using  
26 any of the three major narcotics, cocaine,  
27 the opiates and Marihuana, which in discussing  
28 the effects were indiscriminately lumped together.

29 Canadian doctors were warned in  
30 the 1923 issue of the Canadian Medical Association



1  
2 Journal that the "drug addict is not content  
3 with destroying himself, but has a fiendish  
4 desire to promote this addiction among his  
5 friends and associates."

6 The most influential advocate of  
7 punitive legislation apart from Mr. McKenzie King  
8 and the Vancouver Members of Parliament was Mrs.  
9 Emily F. Murphy, a police magistrate and a Judge  
10 of the Juvenile Court in Edmonton, Alberta.

11 In 1920 she was asked by the editors of  
12 Maclean's Magazine to write a series of articles  
13 on the "grave drug menace". Later she  
14 expanded her views in a book called The Black  
15 Candle. Citing various Canadian and American  
16 law enforcement authorities, Mrs. Murphy  
17 unfolded the horror of opium, cocaine and  
18 marihuana in no uncertain terms. Opium  
19 smokers were described as "ashy-faced, half-witted  
20 droolers", with no more blood in their bodies  
21 "than a shrimp."

22 Under the influence of the drug, the  
23 woman loses control of herself;  
24 her moral senses are blunted,  
25 and she becomes "a victim" in  
26 more senses than one.

27 A picture in the book shows a  
28 white woman and a black man lying on a bed with  
29 opium-smoking equipment between them. The  
30 caption reads, "When she acquires the habit, she





1  
2 does not know what lies before her; later she  
3 does not care."

4 One chapter of the book is devoted  
5 to "Marihuana - a new manace". In it we are  
6 informed that three of the American states --  
7 California, Missouri, and Wyoming -- already  
8 had legislation against its use. A police  
9 official from California is quoted as saying  
10 that addicts using this narcotic are driven completely  
11 insane, "lose all sense of moral responsibility"  
12 and "indulge in any form of violence to  
13 other persons, using the most savage methods  
14 of cruelty."

15 And there are several other  
16 quotations such as this.

17 One indication that Judge Murphy's  
18 book had some influence on the law is that one  
19 year after its publication Indian Hemp was added to the  
20 schedule of the Opium and Narcotic Drug Act,  
21 despite an apparent absence of users or  
22 public concern.

23 Now this set of beliefs outlined  
24 existed for a long -- very long time. The  
25 uncritical acceptance of these beliefs was  
26 partly explained by the fact that most  
27 legislators and members of the public had no  
28 first-hand experience or scientific knowledge  
29 on this subject.

30 Now, after all, how many of them



1  
2 were acquainted with opium smokers at that time.

3 Also the organization and  
4 knowledge and expertise in the hands of law  
5 authorities continued to distort other points  
6 of view.

7 The organization through which  
8 power was concentrated was the Opium and Drug  
9 Branch -- later the Division of Narcotic Control --  
10 of the Department of Health, established in  
11 1920 to enforce the narcotics legislation.  
12 The branch from the outset worked closely with  
13 the Royal Canadian Mounted Police, the force  
14 which had done most of the criminal investigation  
15 work in relation to narcotics offences. At  
16 the same time the branch, being part of a government  
17 department, has been able to suggest changes  
18 in legislation with reasonable assurances that they  
19 would be introduced as government Bills, and  
20 it has provided much of the representation  
21 to international bodies dealing with narcotics  
22 control. This unusual concentration of  
23 functions, together with the failure of physicians  
24 or other professional groups to show any  
25 interest in the field prior to the 1950's,  
26 meant that the enforcement ideology unobtrusively  
27 dominated policy at all levels.

28 The consequences of this  
29 enforcement monopoly have been along predictable  
30 lines. The traditional police interest in more



1  
2 severe penalties has been clearly manifested  
3 in the legislative trends mentioned earlier.  
4 Harsher penalties, by making the offence more  
5 serious have enhanced the importance of the  
6 enforcement job, as well as providing such  
7 practical advantages as greater bargaining power  
8 in dealing with informers . The enforcement  
9 concern with the difficulties of securing evidence  
10 and ensuring conviction has been reflected  
11 in successive statutory encroachment on  
12 traditional legal safeguards.

13 One of these, the right to search  
14 without a warrant was introduced in a Bill in 1921,  
15 and a ban on appeals on matters of fact in 1922.  
16 The Senate turned down each of these clauses  
17 once, but relented a year later when the  
18 Government made it clear that these changes  
19 would not affect ordinary citizens. In the  
20 general context of the debate it was clear that  
21 the Senators believed that they would only be  
22 used against Chinese drug pedlars.

23 The most controversial of the  
24 traditional -- encroachments on traditional  
25 legal safeguards is the assistance introduced  
26 in 1929.

27 The Writ of Assistance, is a blanket  
28 warrant given to an enforcement officer upon  
29 application to the Exchequer Court. "Once  
30 granted the Writ is valid until the person is





1 relieved of his duty to enforce the particular  
2 Act under which his Writ was issued." With it a  
3 police officer can legally:  
4

5 ... enter and search any  
6 dwelling within Canada in which  
7 he reasonably believes there is  
8 a narcotic ... and ... search any  
9 person found in such a place and  
10 ... seize and take any narcotic  
11 found in such a place and ...  
12 as he deems necessary, break open  
13 any door, window, lock fastener,  
14 floor, wall, ceiling, compartment  
15 plumbing fixture, box, container,  
16 or any other thing.

17 And I am leaving out things that the police  
18 have asked for.

19 Now, we might ask that where none  
20 of these rather drastic changes come along were  
21 criticised by members of the Bench and the  
22 evidence shows that the exact opposite was so,  
23 that the field judges thought that because  
24 that these drastic departures from ordinary  
25 judicial practices were necessary because the  
26 work of detection was so difficult and the result  
27 of the drug traffic was so disastrous.

28 Now, it should be emphasized  
29 that this enforcement monopoly and the heritage  
30 of this we are still faced with, this enforcement



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monopoly was in part maintained by default.  
The medical profession did not assert a claim.  
Not only was the medical profession willing to let the police have the authority over addiction, but over themselves as well. In 1921 to 1925 seventy-seven physicians for example were prosecuted under the Opium and Narcotic Drug Act without any apparent objection on the part of the organized profession.

This was quite different from what has occurred lately.

Now was there opposition to a 1925 Amendment which ruled that no drugs could be given for self-administration to anyone suffering only from the consequences of addiction, which might be interpreted as an infringement on the right of the profession to decide what constituted proper medical treatment.

This Amendment was vigorously enforced by the R.C.M.P. even to the point of sending addict-agents into doctor's offices to attempt to acquire narcotics, ordinarily by feigning an illness.

In the House of Commons the tactics of the police were assailed but not the fundamental philosophy underlying them. The Journal of the Canadian Medical Association simply warned its readers that a recent case using this sort of evidence had shown that "the stringent





1  
2 provisions of the Canadian law as to giving  
3 narcotics to be used by the individual himself,  
4 may not be as well known to the profession  
5 as they should be."

6 So it was not until after World  
7 War II that the medical profession took an interest  
8 in opium addiction, let alone the use of Heroin  
9 and the other drugs. At that time the Committee  
10 in Vancouver asked for a different change in the  
11 law and the government responded by establishing a  
12 Senate Committee inquiry, similar to what we  
13 are having today. The police enforcement  
14 officials who testified argued that enforcement  
15 pressure on trafficking was not enough. The  
16 problem could never be solved without continued  
17 vigorous action against the addicts. The Chief  
18 Constable of Vancouver wanted addicts removed  
19 to an island colony in the same fashion as  
20 the Japanese Canadians had been forcibly  
21 evicted from British Columbia during the war years.

22 The Report produced by this Committee  
23 shows that the Senators were particularly  
24 impressed by the argument in favour of strong law  
25 enforcement. They enjoined the Vancouver  
26 police to produce more vigorous effective  
27 enforcement of all pertinent laws such as those  
28 dealing with vagrancy and prostitution, to eliminate  
29 the concentration of drug addicts in that city.  
30 The drug user was to be treated as a criminal first,



1  
2 and only secondarily as an addict.

3 This Committee also gave the  
4 problem of treatment on to addiction and urged  
5 that the provinces should pass legislation to  
6 provide for committal on a compulsory or  
7 voluntary basis of drug addicts to an  
8 appropriate treatment centre in much the same  
9 manner as is being done for those in need of  
10 treatment for a mental condition.

11 The police were still to be the  
12 vanguard in the battle against the evil of  
13 narcotics with the doctors providing a secondary  
14 line of defence.

15 This is the year 1955, which I think  
16 will explain why there is a gap or lag in what  
17 -- in medical treatment centres. That is only  
18 fourteen years ago.

19 This solution was given legal  
20 sanction in the 1961 Narcotic Control Act.  
21 One thing that the 1961 Narcotic Control Act was  
22 to remove -- encourage the medical profession to  
23 take responsibility for addiction, and to remove  
24 from the Act all references to the illicit  
25 use of drugs by physicians. Henceforth these would  
26 be covered in the regulations which, the House of  
27 Commons was assured, would allow a doctor to  
28 prescribe, administer or furnish a narcotic to  
29 an addict if such is thought to be proper  
30 procedure in the professional judgment of the



1  
2 physician.

3 The road was now open for the  
4 addiction organization in British Columbia and  
5 later in Ontario to establish treatment programs  
6 for addicts on any basis they chose, including  
7 long-term programs of methadone treatment.

8 I would like to stress that all I  
9 have said so far, all these experiment programs  
10 and the legislation were designed to deal with  
11 addiction. Although Marihuana had been on the  
12 schedule since 1963, we find the police assuring  
13 the 1955 Special Senate Committee that marihuana  
14 addiction was no problem in Canada. In 1938  
15 the House of Commons had been told that cultivation  
16 of cannabis was being prohibited because while  
17 marihuana was not a new drug, it was a new  
18 manace to the youth of the country.

19 However, this new menace did not  
20 materialize for almost twenty years and then in a  
21 form that was not envisioned by those who put  
22 marihuana on the schedule. They had no way of  
23 knowing that in the 1960's the use of marihuana  
24 would become part of a youthful experimental  
25 subculture - a way of life that held no respect  
26 for the past, emphasized gratification by experiences  
27 in the present, and had little apparent concern  
28 for the future.

29 The emergence of the youth  
30 experimental subculture, of which drug taking is one





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feature, has posed new dilemmas for those responsible for making and enforcing the laws.

It is going to impose very many dilemmas for this Commission.

One of the problems it has raised, is that for the first time there is opposition to the use of the criminal process for offenders. This has never been -- as long as we only had Heroin addicts, no one worried whether they would be alienated or not. Nobody worried about whether they should be treated in prison or not or go through the criminal process. But the change in the status of the addict, now that he has become someone who is very articulate, in many cases from high income backgrounds, there is a concern over alienating the youth. Many of the people who take marihuana are clearly in educational categories for which future leaders would be normally included and this is really what I think has caused the great dilemma.

The opposition to the use of the criminal process for offenders of this type has been growing, as we all know.

I would just like to state briefly that one panacea that has been seized on most hopefully is the proposed shift of marijuana from the Narcotic Control Act to the Food and Drug Act, which would mean dealing with it in the same way as LSD. Actually Dr. Solursh says and



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proposes it is a more rational way.

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The Minister of National Health and Welfare was quoted in the paper, "that persons caught experimenting with marijuana would not be saddled with life-long criminal records."

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Simply making the offence punishable as a summary conviction rather than indictable did not mean the absence of a criminal record.

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Although a summary offence does not entail fingerprinting, it is formally a crime if it is a breach of a federal statute. A youngster with a conviction under the Food and Drug Act would be untruthful if he failed to answer in the affirmative a question as to whether he had ever been convicted of a crime -- a very important question if he is applying for certain jobs or an immigration visa for the United States.

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To do away with the criminal stigma, possession of marijuana would either have to be eliminated as an offence entirely or put under the quasi-criminal statutes of the provinces, such as those which regulate alcohol. The recent amendment to the Narcotic Control Act, which allows the Crown the option of dealing with simple possession as a summary offence, would appear to accomplish nothing except to allow the court to fine first offenders.

29

30

In conclusion, Mr. Chairman, after a long period of police monopoly of expertise





1  
2 about narcotic drugs, we are now in an era  
3 where there are three sets of experts: the police,  
4 the medical and related professions, and the highly  
5 articulate users - each with their own set of  
6 beliefs. Whatever the newly appointed Committee  
7 of Enquiry recommends, it will be making  
8 judgments about the relative credibility of  
9 the three groups.

10 I think that is going to be --  
11 make your job extremely difficult and delicate,  
12 because each group that makes statements agrees  
13 with it, and that is why I think I say it is  
14 a political struggle about reality. Harry Good  
15 has done some -- he is a sociologist -- of  
16 becoming a pusher of marihuana and in that way he  
17 thought people would trust him and both sides  
18 of the controversy used the same -- referred to  
19 the same works, and I think that Dr. Solursh showed  
20 how that was done today. You just leave out  
21 certain things and then show that it can refer  
22 to the same studies.

23 Secondly, even when there is  
24 some consequence that is agreed upon by friend or  
25 foe, there is differences of opinion as to what  
26 is desirable. He points out "marihuana's effect on  
27 sexual behaviour is often good to some who are  
28 comfortable with an unconventional view of sex.  
29 The fact that marihuana could disrupt men and women's  
30 traditional view of sexuality is an out of hand



1 modulation of the drug. Any imputed increase  
2 in sexual activity as a result of the drug  
3 promiscuity and would be indemnifying and  
4 would assure the society in certain ventures in  
5 the organic, the earthy, and essential.

6 The argument that marihuana is  
7 a mind altering drug has discrediting power to  
8 those who think of the everyday working of the  
9 mind as normal and desirable, but to an explorer  
10 of an unusual and exalted mental rounds  
11 it is mind altering functions are an argument  
12 in its favour, and I think I could go on --  
13 I will give you the reference to this because I  
14 think it is an excellent summary of the literature  
15 that is used in the controversy and of the  
16 nature of the controversy.

17 MR.CAMPBELL: Is that the one  
18 Marihuana and the Politics of Reality?

19 MRS. COOK: That's right.  
20 The last point I want to make, is we are in a  
21 situation where the number of substances being  
22 used in the drug subculture is being used  
23 continuously and I think we have to ask this  
24 kind of question. Marihuana is, I think --  
25 it is not going to be decided on scientific  
26 issues, it is a political and moral issue and  
27 also opiate drugs, heroin. Now, I think we  
28 have to ask ourselves whether the criminal processes  
29 are really the ones to use to control drug use.  
30



1  
2 Let's look at the non-legal section that exist  
3 in the drug subculture itself. The strongest  
4 sanction possible, the death penalty, exists  
5 right in the drug subculture. We heard that  
6 this morning. People who are using  
7 amphetamines acknowledge that there is a  
8 possibility that they might kill -- not injure  
9 themselves seriously -- but perhaps kill themselves.  
10 I can't think of any stronger punishment myself.  
11 Now, if that punishment doesn't work, then  
12 we really can't expect something -- the legal  
13 process to work because people think they figure --  
14 if they would operate well -- you know, I am going  
15 to be able to survive, then they will probably  
16 say, "I will not get caught by the police because  
17 I am clever and so on and so forth, and if I do  
18 I will not get a sentence.", and so on.  
19 So I think we have to ask the kinds of questions --  
20 well, perhaps we should ask ourselves what would  
21 stop us from doing something that is extremely  
22 harmful to ourselves. Some people find it --  
23 you know, we have sanctions about tobacco smoking,  
24 but they don't seem to be all that effective.  
25 I don't know the answers, but I think these are the  
26 kinds of questions that have to be asked. And  
27 certainly the time has come not only for marihuana  
28 users, but probably for all of the kind of  
29 victims' crimes, that is, criminal activities  
30 where the victim is yourself, that it is time





1  
2 we stopped using the criminal process. Do we  
3 really want to use the criminal process to  
4 stop a person from injuring themselves? Do  
5 we really have that right because of all the  
6 other effects that it seems to be doing?

7 THE CHAIRMAN: Thank you very  
8 much, Mrs. Cook. It is a little after the  
9 hour and I suggest an adjournment, but I think  
10 we should offer a little opportunity for  
11 questions. Are there any questions? Yes?

12 MR. STEIN: Since Dr. Solursh  
13 is still in the hall, I wonder if he would care  
14 to comment on the paper and especially the last  
15 point which has been made, because I feel it  
16 was <sup>a</sup>/far more articulate presentation of the kind  
17 of question I was trying to put to you before,  
18 in other words, the content of this paper.  
19 Would you care to make an observation about it  
20 and the relevance of the law, etc.?

21 DR. SOLURSH: In spite of what  
22 I said before, I am not foolish enough to believe  
23 the law doesn't exist. I think Mrs. Cook  
24 spoke very well just now, what we heard and  
25 what we have heard from I think every - and  
26 almost every professional organization with any  
27 experience or activity in this field, it came  
28 down to the same sorts of things and it is in  
29 terms of how one technically applies it. If you  
30 want to apply it to the Food and Drug, that isn't



1 enough, quite right, but you can apply it by  
2 sticking with nothing as a measure of control,  
3 satisfying national agreements, eliminate those  
4 records in due course, that's fine too. This  
5 was very well along the same line. We are  
6 talking about mechanism, but I think the  
7 basic points are still the same, that the whole  
8 process of having to hide and having to be up  
9 tight and paranoid and having to carry a gun  
10 or a knife or something else, then being arrested,  
11 going to the courts, having your name in the  
12 paper, being convicted in advance, going to jail,  
13 homosexuals in the few cases we know of --  
14 this is certainly a process of not all the  
15 drugs we are talking about.

16 Sure, I agree this is well put  
17 and we can all quibble over the exact method  
18 of application.

19 MR.CAMPBELL: If I could raise a  
20 question on the last point that was raised, was  
21 the question of the various deterrents.  
22 Obviously a lot of people know the dangers of  
23 the amphetamines, speed kills, that despite  
24 that fact are willing to use the drug, prime  
25 it and take it in its most potent form. I  
26 wonder here, referring to your statement of putting  
27 ourselves in the position of what would deter  
28 us. I appreciate both your comments on this.  
29 Are we dealing with a large number of people for  
30





1 whom the deterrents that would work in a middle  
2 won't work in a  
3 class business,/professional population.

4 Is, for instance, the importance of a continuing  
5 life something that middle class people in their  
6 thirties and forties over-rate and do other  
7 people just see too much uncertainty about the  
8 whole business of living for that to work?

9 Are there others who simply have to escape from  
10 their own minds with great enough extent that  
11 that is no longer a deterrent or wish it to be  
12 a deterrent? Is there a question of the arising  
13 of time which lives are lived that make this  
14 kind of long term consideration less potent?

15 MRS. COOK: Well, in raising  
16 the question, I don't know how to answer it.

17 DR. SOLURSH: It is a question of  
18 balance, isn't it, how painful is living and, yes,  
19 the emphasis on here and now, the instantaneous  
20 and the question attained in the present becomes  
21 more meaningful. We are talking about  
22 belief of depression and the price being paid in  
23 the future is far less relevant than the  
24 state in the present, and on top of that if you  
25 are sufficiently depressed and pessimistic if  
26 you are about to be shipped to Viet Nam and the  
27 odds there for instance, you may just a little  
28 less unconsciously want to do yourself in anyway.  
29 In any event, these kinds of deterrents,  
30 judicial deterrents, legislative deterrents, I am



1  
2 sorry, they serve to promote an outlet for  
3 existing anger and frustration and the existing  
4 threats within the subculture of illness and/or  
5 death may themselves be a positive thing for  
6 somebody who is sufficiently depressed, so  
7 given that kind of reality, it really isn't  
8 surprising that legislation promotes more of  
9 this kind of drug use and of the restrictions in  
10 the subculture either fail to reduce or even  
11 materially increase possibly the risk of somebody  
12 over-utilizing, not just using a stimulant  
13 because many people have passed a few stimulants  
14 on occasion, but not gotten into a total pattern.

15 THE CHAIRMAN: Well, ladies  
16 and gentlemen, I think I must now adjourn this  
17 hearing until nine-thirty tomorrow morning in this  
18 hall. Before we leave, I would like to  
19 express on behalf of the Commission our appreciation  
20 to all who have come here today and contributed  
21 by their participation and attention to what  
22 has been for us a very informative and enlightening  
23 day in our hearing. Thank you very much.

24 We will reconvene here tomorrow  
25 at nine-thirty. If Mr. Petroni is here,  
26 perhaps he could come, but if he may come up  
27 here now we may be able to do so before the end  
28 of the week.

29 ---Upon adjourning at 5:15 p.m.  
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COMMISSION D'ENQUETE  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

1969-17. 1969  
At the time of the  
Commission, Ontario

OFFICE  
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COMMISSION OF INQUIRY  
INTO THE  
NON MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman
Ian Campbell,	Member,
J. Peter Stein,	Member,
H. E. Lehmann, M.D.	Member,
Marie-Andree Bertrand,	Member,
James J. Moore,	Executive Secretary.

COUNSEL:

J. Bowlby, Q.C.,	Counsel for the Commission
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RESEARCH:

Dr. Ralph Miller.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

October 17, 1969  
St. Lawrence Hall,  
TORONTO, Ontario.

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1  
2 ---Upon commencing at 9:30 a.m.

3 THE CHAIRMAN: Ladies and  
4 gentlemen, resuming our hearing this morning,  
5 I should like to introduce the members of the  
6 Commission and staff, members of the Commission  
7 from my right, far right, Dean Ian Campbell,  
8 to his left, Dr. H. Lehmann, my name is Gerald  
9 LeDain. To my left, Mr. James Moore, the  
10 Executive Secretary of the Commission, to his  
11 left Professor Marie Andree Bertrand for the  
12 Commission and to Miss Bertrand's left, Mr.  
13 J. Peter Stein. Our staff, our counsel, seated  
14 at the table in front of me to the left, Mr.  
15 John Bowlby, Research Associate Dr. Ralph Miller.  
16 Next to that on the Commission is Mrs. Vivian Luscombe.

17 I think it may be helpful if  
18 I just read the essentials of our terms of  
19 reference.

20 Now, we are asked to examine  
21 factors underlined or related to the use of  
22 psychotropic drugs and substances as we  
23 understand, mood modifying drugs. And more  
24 particularly we are asked to look at the extent  
25 of this phenomenon, drug use in Canada, its  
26 pattern, its effects on individuals and on  
27 society and the reasons for it, the personal  
28 reasons as well as the social factors. What is  
29 the meaning of this? How does it fit into our  
30 social picture today? Why is it developing the



1 way it is? And then, on the basis of these  
2 findings, we are expected to make recommendations  
3 to the Federal Government as to what the  
4 Federal Government can do to deal more wisely  
5 and effectively with such problems as we identify  
6 in connection with this phenomenon. The Federal  
7 Government through  
8 Government --/action by the Federal Government  
9 alone, or in co-operation with other governments.

10 So these are very broad terms  
11 of reference. I think it can be said they give  
12 us and you complete scope for a study of this  
13 question, for a re-examination of our whole  
14 approach to it today. And our purpose in  
15 these public hearings is to hear the people of  
16 Canada on this subject. We are adopting  
17 various techniques of inquiry. We are seeing  
18 people privately. And, as you know, in the course  
19 of our hearings here in Toronto, we are receiving  
20 evidence anonymously. And we are consulting  
21 experts and receiving papers and doing a lot  
22 of reading ourselves. But the chief object of  
23 our public hearings is to hear what Canadians  
24 feel about this, what they know and feel about  
25 it. It is very important that we get as  
26 much opinion as possible, and so we invite  
27 general discussion and we should all feel very  
28 free to participate in that.

29 Now, this morning we have -- we  
30 will be here until about 11:15 when we have to run





1  
2 off to Hart House at the University of Toronto,  
3 and we will be back at 2:30 in the afternoon,  
4 and we are going to hear from  
5 three presentations this morning. And ~~the~~ first  
6 is from Dr. Vivian Rakoff, who is a director  
7 of post-graduate education, Department of  
8 Psychiatry at the University of Toronto, and  
9 I would ask Dr. Rakoff if he would be good  
10 enough to be seated at that table, and speak to  
11 us.

12 Dr. Rakoff, please be seated.

13 DR. RAKOFF: Mr. Chairman,  
14 members of the Commission, ladies and gentlemen.  
15 My presentation to the Commission this morning  
16 will be relatively informal since the Department  
17 of Psychiatry at the University of Toronto hopes  
18 to present a well-qualified brief of the  
19 kind that one puts down on paper and can commit  
20 oneself to in black and white. I am in the  
21 perhaps more fortunate position in being able to  
22 speak more freely and more personally, although  
23 as a representative of the Department, in a  
24 purely verbal brief.

25 Bearing in mind the terms of  
26 reference which you, Mr. Chairman, have given  
27 us, I will give up ~~the~~ temptation to be  
28 generally philosophical about the drug, society,  
29 and the aspirins and the cigarettes and the  
30 whiskey ads and the various forms of advertising





1 for anodynes which appear in the popular press,  
2 and address myself what I imagine to be the only  
3 possible reason that myself, personally representing  
4 the group that I do, could be invited to speak to  
5 such a Commission, which is in connection with--  
6 to be blunt--marihuana, possibly the amphetamines  
7 and certainly the hallucinogenics such as  
8 lysurgic acid and STP. My remarks will be  
9 impressionistic, but are related in speaking to  
10 my colleagues who have reported back both their  
11 clinical and their personal impressions with  
12 regard to these drugs. It would be false at  
13 this stage to say that these are any more than  
14 informed impressions. Since a full epidemiological  
15 study of incidence or prevalence of drug use  
16 is almost impossible, and will probably be  
17 impossible for as long as there is a legal  
18 penalty attached to an admission that one is  
19 engaged in the use of these drugs, However,  
20 on the basis of these impressions, one can  
21 extrapolate, I think, to certain general  
22 statements which can be made.

23 Speaking purely from the point  
24 of view of what appears to be "normal population  
25 usage", (and I must put in parenthesis that  
26 normal population usage, of course, is rather  
27 curious when it is confined to people who  
28 appear in the Psychiatrist's office). I close  
29 my parenthesis. But people who appear in a  
30



1  
2 Psychiatrist's office come in a state of  
3 perhaps more than usual innocence in the sense  
4 that they are prepared to say things about  
5 themselves and about those aspects of their  
6 lives which not necessarily are related to the  
7 particular problem, whatever it might be, but which  
8 they bring to the Psychiatrist's office.

9 Inevitably, being as much a part of this culture  
10 as any other citizen, the question of drug  
11 useage comes into discussion. And I think it is  
12 fair to say, and it would be spurious to give  
13 an exact figure, that the great majority and  
14 I mean something between 80 and 100% of people  
15 that I have seen and that my colleagues see in  
16 their offices, anywhere what we call adolescence  
17 to about twenty-five, have used marihuana  
18 either sporadically, or more than sporadically,  
19 or habitually.

20 I have not yet personally seen  
21 a case that I have heard in reports from my  
22 colleagues that a use of marihuana can be  
23 determined as central to the illness or the  
24 presenting complaint in the way that alcohol  
25 becomes a central complaint and disease entity  
26 unto itself. It appears to be part of the  
27 generalized culture of which the patient, as well  
28 as the citizenry of whom he is involved outside  
29 in the day to day network of his social and  
30 personal relationships are involved, are simply





1  
2 part.

3 I must make, since I have a  
4 short while, a brief statement, though, to  
5 differentiate this population and the use of  
6 marihuana generally as part of a vast subculture,  
7 from most cases which I have seen admitted to  
8 hospital after drug experiences. These I think  
9 can be directly related to the use of the  
10 amphetamines or the major hallucinogenics.  
11 These hallucinogens are occasionally, and I think  
12 this is now without doubt, because there are  
13 studies to back them up, disturbing in themselves,  
14 and, sometimes unpredictably for the user, produce  
15 intensely disturbing and distressing experiences.  
16 And there are certainly others for whom the  
17 use of the major hallucinogens represents one  
18 more plane out of a pathological hunt for  
19 either some sense of fulfillment or a manifestation  
20 of disintegrated experience in general.

21 I would like, if I  
22 may, to make one or two general points about  
23 the background. I am surprised--and here I don't  
24 know whether I am speaking personally or as a  
25 member of my Department as a psychiatrist or as  
26 a citizen--but I am surprised to find that a  
27 relatively spurious cause, such as feeling good  
28 for an hour or two about official means has become  
29 a rallying cry for social militancy. In view  
30 of the number of real causes that there are in the



1  
2 world, it seems that we have got ourselves  
3 as a society into a curious box when the young  
4 can rally, almost as if it were for the freeing  
5 of the slaves, for the right to puff away and  
6 get high occasionally on an evening. On the  
7 one hand, I believe it says something very strange  
8 about those areas of peoples' existences which  
9 we believe we are entitled to control as an  
10 institutionalized society. And on the other hand,  
11 I believe it is something very strange--something  
12 very strange must be afoot when the most  
13 militant and articulate young can rally around  
14 this most curious battle cry--the right to lose  
15 a bit of cortical control. It is most  
16 strange to see the whole panoply of law and  
17 society devoted to this particular one. But I  
18 say this advisedly, because I think there is a  
19 profound difference, both clinically and in  
20 terms of the lives of the people that one can  
21 see, between the use of marihuana and the other  
22 drugs. And I think to have created an orthodoxy  
23 of ungeneralized drug use into which we put all  
24 those who use drugs, in whatever way and for  
25 whatever reason, is to lump together some fairly  
26 innocent activity with some which, I think, is  
27 manifestly dangerous. And either immediately or  
28 potentially. And I think that one of the most  
29 important things that we are seeing is really  
30 another manifestation of the hunger for an





1  
2 orthodoxy which is not only in our society  
3 but in other societies. And when either orthodoxies  
4 are lost and great moral imperatives have  
5 become undermined, then any chance fad is likely  
6 to take upon itself the power of a major orthodoxy.  
7 And that this, I believe, is the reason for the  
8 relatively spurious aspect of the cause of  
9 marihuana, because we see the same kind  
10 of religious excitement which has been  
11 generated by important events in the past.  
12 And, after all, a man may be turned on by  
13 people playing music loudly in an open stadium  
14 in the afternoon.

15 I think I will make that as my  
16 statement, Mr. Chairman.

17 THE CHAIRMAN: Thank you very  
18 much, Dr. Rakoff.. I am particularly interested  
19 in that statement, such as you say, a spurious  
20 cause should be such a rallying cry for social  
21 militancy. Well, do you in fact not see any  
22 true relationship between aspects of social  
23 protest here and this drug use?

24 DR. RAKOFF: Yes, I think this  
25 is so. May I take this just one step further?

26 I apparently relevantly stepped  
27 back perhaps from the question. I think one  
28 of the most extraordinary developments of  
29 popular democracy generalized education has  
30 been, to coin a phrase, "the extension of the





1 aristocratic option") that what has happened  
2 is that vast masses of youth are now given the  
3 dangerous but wonderful privilege of determining  
4 who they are and what they might be. When  
5 the exigencies of reality are so powerful that  
6 there is in fact no gap between a minimal  
7 education and grubbing for a living either in  
8 a factory or a coal mine at the age of eleven  
9 or twelve, there were no problems of identity.  
10 There were no problems of what am I authentically.  
11 As I think some wit in the 18th Century said,  
12 "Yon tragedy happens to a very fine fellow."  
13 Tragedies were the rights of kings. And I think  
14 if we pursue Western literature we find that the  
15 right to tragedy has become democratized. And  
16 the right to tragedy has the right to a choice  
17 as to what one's own life is about and we find  
18 for the first time an earthly image which is  
19 given the Byronic option of deciding to go to  
20 Hell in its own way and when in that day nobody  
21 seemed to mind as his companions progressed as  
22 Monks and seduced the local maidens which were  
23 there for the purpose, but when society was  
24 expected to pay, then a kind of accountability  
25 which the artistocrat is supposed to have, or  
26 rather excused from, is not being applied to our  
27 very privileged young. And I think the only eminent  
28 protest that enters here is centred I don't think just the  
29  
30



1 automatic rebelliousness but the assertion of  
2 the right to discover what one is and this is  
3 always nasty and comfortable. I can use this  
4 in the sense that what one is, is liable to be  
5 very nasty and obstreperous as well as singing  
6 in the streets.

7 THE CHAIRMAN: Is there any  
8 reaction to that from those who are present?  
9 What do you think of that description--the true  
10 major assertion--self-assertion behind this drug  
11 use and this protest?

12 DR. LEHMANN: While we are  
13 waiting for the public reaction, Dr. Rakoff, I  
14 would like to clarify one or two things. You  
15 have been working a great deal on what I might  
16 say is food-addiction--and we were told yesterday  
17 that everything could be abused, sex, television,  
18 and of course food. Would you think that the  
19 dynamics of being an over-eater--being addicted  
20 to food--is somehow basically the same as the  
21 dynamics of becoming addicted or habituated to  
22 a drug. And also, in view of what you said,  
23 "well, there is a loss of ideals to really get  
24 involved with or committed to", and therefore it  
25 is a point--an ideology which you called spurious.  
26 Would you say that is in a way like a mourning  
27 process? For instance, if one has lost a  
28 person and then one doesn't know where to  
29  
30





1 attach--he doesn't really know what he was  
2 attached to, so you go about looking for something  
3 to replace it and sees whatever happens to be  
4 there?

5 DR. RAKOFF: To take the two  
6 questions separately, which of course one must:  
7 the first one about the food addiction and drug  
8 addiction, I think first of all what we should  
9 say is that the addiction represents both an  
10 extrapolation of or a distortion of normal  
11 appetitive needs. And essential to the  
12 addictive, as opposed to the appetitive process,  
13 is the loss of control of the appetite. But  
14 prior to considering the aspect of lost control  
15 which is a secondary consequence of the  
16 satisfactions derived from the exercise of the  
17 appetite, let me emphasize that satisfaction  
18 of appetite results in an essential pleasure  
19 necessary for the maintenance of a coherent  
20 existence, and that it is the search for this  
21 particular pleasure which determines most of  
22 the continuing and directed activity of our  
23 existence. I think it was Wallace Blake  
24 as early as 1911, took apart, as it were, the  
25 aspects of search for appetitive satisfaction  
26 which has helped us to understand what we are  
27 about. And more recently the work of behavioural  
28 psychologists working in the behaviours of  
29 psychology in the brain have compared with this,  
30



1  
2 that our appetites and our satisfaction and  
3 the pleasure that we derive from, are not merely  
4 frivolities, not an aspect of lives which can be  
5 sort of had if you were a good boy and can't be had  
6 if you were a bad boy. They represent in effect  
7 the sustaining pillars of our existence and of  
8 course how and where one finds this pleasure  
9 is not a matter.

10 However I would add to  
11 this observation. I think that all this  
12 quite readily made, that when pleasure is made  
13 too readily available to the appetitive centres,  
14 that continuing activity, the kind of necessary  
15 searching activity which builds up to a creative  
16 existence -- and I don't just really mean --  
17 I could hear the bristling around me -- I don't  
18 mean the scrambling for money but I mean also  
19 making music, science, paintings -- and  
20 continuous activity is disrupted when pleasure  
21 is cheap and a short circuit basis. And the  
22 one concern that I personally would have is  
23 that an excessive abandonment to the short circuit  
24 plug-in to pleasure which most of the addictive  
25 drugs give, is the disruption of the creative  
26 life, not its extension.

27 I think personally that there is  
28 this wish to abandon the cortex in favour of some  
29 sort of authentic mystery which the drugs are going  
30 to give is really an abandonment of many of the most



1  
2 important aspects of our experience. But to  
3 finish my response to the first part of Dr. Lehmann's  
4 question, the appetite for food and the appetite  
5 for alcohol and the appetite for sex are not  
6 only metaphoric, I believe, but in fact  
7 psychophysiologicaly related to the appetite  
8 for drugs. And with the tensions of existence  
9 being what they are, people go out and get  
10 their kicks and have their pleasures where they  
11 may,

12 To the question of the loss of  
13 grand ideals and social protest (I use the phrase  
14 a hunger for orthodox), and I think it is a hunger  
15 for orthodox. Not only does the institutionalized  
16 power of any given group take on very much a buttoned  
17 down grey flannel suit institutionalized mode,  
18 but revolt itself quickly is passed into an  
19 orthodox. There is nothing more orthodox and  
20 predictable than the questions one is likely to  
21 see at a freak-out at a rock festival. The  
22 costume designer ten years hence will be  
23 able to put these people as much into stereotype  
24 as <sup>those</sup> against whom they are rebelling. And I think  
25 this is why -- I am sorry to say LSD because  
26 I think this can become very dangerous--marihuana  
27 and LSD have become very much a part of this  
28 development. There are many people who are at a  
29 loss to find expression for their true feelings.  
30 And perhaps that is why we admire poets so much,





1  
2 because we depend upon them to tell us what we  
3 feel and fashion is as much a power of moulding  
4 for events than we give credit for.

5 DR. LEHMANN: Do you mean  
6 orthodoxy in the sense of stereotype--that  
7 drug rebelliousness is a stereotype?

8 DR. RAKOFF: It is certainly  
9 stereotyped, but that doesn't necessarily put it  
10 down. But a democratic commitment is also a  
11 stereotype. To label something is not necessarily  
12 a stereotype; but it does mean that if a powerful  
13 enough figure in the cult uses certain mannerisms  
14 which might be quite incidental to this central  
15 cause, then these rapidly become attached to the  
16 cause, as if they were sent more to it.

17 You know how they had the beads turn into  
18 something related to a protest as either against  
19 a war or in favour of drugs. Somebody one day  
20 wore beads and they looked good. And before  
21 long all the free souls, the under 30's, were  
22 decked out in exactly the same beads. By the  
23 wonder for orthodoxy, I don't mean it is a put  
24 out, it is a human need for someone to tell them  
25 how to be and this is I think one of the things  
26 that we see, that those that normally tell them  
27 how to be, have lost their magic, their genuine  
28 authority. Since when have four singers,  
29 whose poetry is at best minor, whose music  
30 is perhaps complicated, since when



1 have such curious figures been able to act as  
2 leaders to an entire generation, to the point  
3 where one of them can excite national television  
4 to cover himself in his rather eccentric bedroom  
5 for one hour of prime watching time? There is  
6 something crazy going on.

7 THE CHAIRMAN: Is there any  
8 observation -- yes, Dean Campbell?

9 MR. CAMPBELL: There are three  
10 matters I would like to raise, Dr. Rakoff.  
11 First of all, in the statements yesterday the  
12 R.C.M.P. suggested, first of all, that marihuana  
13 hasn't passed the -- they produce not only  
14 criminal behaviour but in certain instances  
15 bodily criminal behaviour. I would appreciate  
16 comments from your experience on the validity  
17 of this expression. Secondly, the R.C.M.P.  
18 -- in the R.C.M.P./<sup>brief</sup>was the probability that those  
19 who use Cannabis will move on to other drugs  
20 such as heroin. I would appreciate your comments  
21 on this as well and then perhaps give my third  
22 question.

23 DR. RAKOFF: As to the first  
24 question of violence, Cannabis and criminal  
25 intents, this sort of thing, to say in itself  
26 it is nonsense, <sup>in</sup>is/itself nonsense. I think the  
27 important statement is surely to be that it is  
28 characteristically doubtful. After all,  
29 our most normal appetites are  
30





1  
2 give rise to some of the criminal behaviour that  
3 there is. Rape is probably one of the  
4 worst criminal behaviours that there is; an  
5 act directed to love can end up in murder.  
6 We know that for hunger of food people will steal  
7 And so on and so forth. But I think it would  
8 be a grave distortion of any facts that I know  
9 to indicate that cannabis necessarily leads to  
10 criminality. Certainly the forbidden  
11 will be used by those who perceive themselves  
12 as outside society and that the use of cannabis  
13 is part of their general criminality, not that  
14 the criminality -- not that the cannabis use  
15 generates criminality. I think I would say  
16 that for the first thing, and a similar response  
17 would be to the second part of your question,  
18 Dean Campbell. There are certainly people  
19 who are claiming that drugs give them--the  
20 sense that those who are not involved  
21 in a culture who are up tight in feeling, my  
22 clinical experience for what it is worth, is  
23 that those who engage in the drug culture  
24 paradoxically are much emptier of their inner  
25 feelings and tend to be people who are searching  
26 for some feed back from their own affective lives  
27 and there will certainly be among those people  
28 those who will use anything -- cannabis heroin  
29 the works, but the vast majority of those who  
30 use cannabis do certainly not go on to other things.



1 You know alcohol led to bootlegging and crime and  
2 so on. But I think it would be a great distortion  
3 to say that everybody who had a drink during the  
4 20's, in the United States, was led into a criminal  
5 life by drinking.

6 MR. CAMPBELL: The theory that I  
7 would like to raise with you is a proposition  
8 from classical sociology; as you know, Durkheim  
9 when he was discussing suicide, suggested that  
10 man differs from other animals in that there is  
11 not a self-regulatory mechanism to control his  
12 appetite. The animal eats and is satisfied;  
13 but man learns a number of wants that are not  
14 automatically satisfied--the need for comfort  
15 or luxury. And Durkheim went on to argue that a  
16 society which would label its class system, for  
17 instance, has set up a limit on its expectations.  
18 And a man who could thus hope to reach them could  
19 know that he had made it at some point. But he  
20 argued that his society, the society that was  
21 emerging that these moral limits on aspiration  
22 or expectation be removed. Expectations thus  
23 become infinite. Aspirations become infinite.  
24 But in talking of man's reaction to this sort of  
25 aspiration he wrote: "from the top to the bottom  
26 of the ladder greed is aroused without knowing  
27 where to find its ultimate foothold. Nothing can  
28 calm it, since its goal is far beyond anything  
29 that can be attained. Reality seems valueless  
30





1 by comparison with the dreams of the imagination.  
2 But so is possibility abandoned when it in turn  
3 becomes reality. The thirst for novelties,  
4 unfamiliar pleasures, nameless sensations."  
5 Do you think that this type of approach that  
6 Durkheim is making is a useful one in looking at  
7 this particular phenomena?

8 DR. RAKOFF: Yes, I think--  
9 yes, would be the response, but I think it would  
10 be unfair to both Durkheim and our society to  
11 see only its negative aspects. This same  
12 Faustian urge which Durkheim was writing about,  
13 the same wish perpetually to pass ourselves,  
14 has often been in the fuel of the rocket of our  
15 entire situation. The image perhaps does not  
16 come accidentally because it is the same vast  
17 reaching which puts people on the moon. And it  
18 is perhaps characteristic of our hungry Western  
19 society that we use drugs as a search for newness,  
20 to discover how far we may go rather than as a  
21 device for passivity which other societies may  
22 use. It is, after all, people from our Western  
23 civilization who walked to the top of Everest  
24 while those who lived there were contented to  
25 cling to its foothills since the dawning of time,  
26 and that the search for the potential that one  
27 has represents a great danger to us. But it is  
28 also present to us in some of our most primitive  
29 entertainments--the circus. The circus is only  
30





1  
2 one thing. This is the most primitive of  
3 Western entertainments. The circus simply says  
4 "Thus far a man may go, so we walk on wires  
5 above the ground and we stand in front of animals  
6 without guns and we swing like angels through the  
7 air on a bit of wire and a rope", demonstrating  
8 all the time how far man can go. What are the  
9 extensions of "my being man". I think to take  
10 Durkheim's point further, (and he is now a very  
11 popular philosopher with the young) not knowing  
12 quite who one is and how one is related to  
13 society represents a casualty, a war casualty in  
14 some of the greatest achievements of our society  
15 which is to create complex cities, complex  
16 cultures in which people may come with all the  
17 potential to become themselves in a way that  
18 I doubt if any other society has ever allowed  
19 before. And I think (I seem to  
20 be able to say what I like, so I will say it:) .  
21 That the great danger, that people always talk  
22 of being free as if really it does mean, you know,  
23 we will all go running around the streets with  
24 bells and singing and it will be warm always  
25 with enough food. But then it can represent  
26 a terrible danger, a danger not in any Puritanical  
27 sense, but the terrible danger of discovery that  
28 one is not quite what one would have liked to  
29 believe and to fill this huge gap between  
30 aspiration and general capacity, people might try



1  
2 to plug it with the spurious insights that  
3 come as if mystical in experiences of drugs.

4 MR. CAMPBELL: I often  
5 wondered if in its context, marihuana hasn't been  
6 seen by some who have laid their emphasis on  
7 creativity or failing almost literally as a  
8 creativity drug. I don't generalize this,  
9 but I say some significant number.

10 DR. RAKOFF: I know perhaps (and  
11 here it may be of some ignorance on my part which  
12 I am open to criticism) but I know only of two  
13 works of art of any status that one might be  
14 considered to be of drug use. The one is  
15 Kublai Khan and the other is the Confessions  
16 of an Opium Eater. For the rest, paintings  
17 of the so-called psychedelic school are as  
18 predictable as the most mundane 19th Century  
19 academics. They are nothing but elaborate  
20 Pucci Prints in which there is the delusion that  
21 if I put in everything then I have understood  
22 everything. They rise from the chaotic input  
23 of the amnesty or the experience or schizophrenic  
24 experience whereas everyone comes in at once  
25 and indeed they are all related. They are all there  
26 at the same time. And since the mind is a  
27 sense-making organism, it says: "Indeed they  
28 are all related; they are all there at the  
29 same time". So that the creativity of the drug  
30 experience is perhaps a thing in itself, and to





1  
2 just finish, I think Mr. Thomas Mann made the  
3 point many times that the artist is perhaps  
4 tragically caught in a situation that his work  
5 of art does not so much express what he feels  
6 but is what he feels, and that this  
7 excessive feeling may in itself preclude the  
8 active creativity which is necessary for the  
9 artist to flush out, if you like, the emptiness  
10 of his life.

11 DR. LEHMANN: Dr. Rakoff, I  
12 will try to be, well, a little of vulgarization  
13 in getting things put down much to typing, but  
14 would you say that the majority of people who  
15 turn on, but would you say that they do it in  
16 order to get instant mystic insight or instant  
17 achievement of their potential, as you point  
18 out, the capacities for instant nervana or instant  
19 ecstasy, or are they about equally distributed?

20 DR. RAKOFF: I think that  
21 perhaps most of the terms at least that I hear  
22 used by people are nothing as grand as the ones  
23 which you have just given us, Dr. Lehmann.  
24 I think that these might be, you know, nervana,  
25 ecstasy, creativity may be there as a goal for  
26 those engaged in a type of consistent LSD cult  
27 But I think most people that take marihuana do it  
28 to feel nice. Whether people take a drink  
29 at a party, one doesn't hope for the revelation  
30 which will make life meaningful. One hopes



1  
2 life will go by when the music sounds nice and  
3 one believes that one dances better.

4 MR. CAMPBELL: I think it may be  
5 one of the healthier things about the drug  
6 society that four years ago very few people  
7 would have ever admitted they ~~were~~ using marihuana,  
8 that it could possibly harm and it was a  
9 dreadfully depressively serious business  
10 I was relieved last night when a number of  
11 students essentially said, "Well, look, it is a  
12 good thing, it is a hell of a lot of fun and  
13 why on earth must we justify it"—and in all these  
14 ways? Why — just because it is nice. I thought  
15 it was a healthy response.

16 DR. RAKOFF: The response here,  
17 too, is, fashion too--makes a tremendous demand  
18 on the user. I mean, people using LSD expecting  
19 to have their particular mystical insight very  
20 often fulfill their own prophesy with what  
21 the experience will be like. And then when the  
22 taking of marihuana is seen as a gigantic moral  
23 step for mankind, then it does get laden with  
24 all these overtones. And when it is seen as  
25 something frivolous, naughty, that's what it  
26 becomes.

27 THE CHAIRMAN: Dr. Rakoff, before  
28 we let you go, (we are most reluctant to do so),,  
29 I think that is obvious by the close attention  
30 to your very interesting, illuminating remarks,





1 you have spoken most particularly with reference  
2 to marihuana Can you help us with your thoughts  
3 on speed? What is the meaning of the speed  
4 phenomenon, particularly at the high school age?

5  
6 DR. RAKOFF: I think here we  
7 are on to something that is genuinely dangerous.  
8 And I think a number of factors come to bear  
9 on this final common point. It is a statement  
10 of faith. And when it gets down to the high  
11 school it doesn't seem like this. Then it  
12 is really a fashion. But it has become a  
13 statement of faith almost among certain quite  
14 serious thinkers that control is out, that we  
15 are a civilization that has sold everything for  
16 the digital, for the logical. for the cortical,  
17 and that the only true values, the values that  
18 we have neglected, are the values of sensation  
19 and experience, and sensation and experience is  
20 sold as a perpetual import which must be so  
21 overwhelming that one loses oneself literally  
22 And again I would say that the only constant  
23 users of speed that I have encountered have been  
24 people in the retrospective reconstruction of  
25 their lives--with psychiatric histories who have  
26 been very disturbed who have been very empty of  
27 normative experience, and for whom this  
28 sudden overwhelming burst  
29  
30





1 of stuff coming in to what is essentially a  
2 psychic emptiness is satisfaction of some  
3 tremendous need. But the young seem to know  
4 this as well. There were buttons around in New  
5 York which read "Speed Kills". And I think anyone  
6 in the drug culture who takes to speed --  
7 (here now I am making a statement; if someone says:  
8 "How many cases?" I can't tell how many cases,  
9 but those that I have seen,) speed is used by those  
10 who start off by having huge unsatisfied  
11 inner needs. It is not innocent like  
12 marihuana; it is dangerous to the point of  
13 probably producing death within a couple of years.

14 THE CHAIRMAN: Thank you.

15 MR. CAMPBELL: Dr. Rakoff, a  
16 suggestion has been made with marihuana, when this  
17 first appeared, there were a few number of  
18 psychotic occurrences and there was not enough  
19 experience and culture to support the individual  
20 through this body of experience he encountered  
21 himself. Beck has gone on more recently to  
22 argue that precisely the same thing happened  
23 to acid which was introduced. It is a totally  
24 new experience for a large number of people that  
25 they can't cope with. Here you have a fairly  
26 high number of incidents of psychotic episodes  
27 and there is now a psychotic support, one in which  
28 they can anticipate the effect of the drug  
29 after the risk of the psychotic reaction is  
30



1  
2 lessened. Is there sense in this, Dr. Rakoff?

3 DR. RAKOFF: Yes. I would first  
4 of all question the original -- there are no  
5 figures for the original statement. There are  
6 no figures for the subsequent statement. But if  
7 I may speculate for a moment, I would say that  
8 those who turn to new sensations at the  
9 beginning, when the sensation is merely a new  
10 sensation and there is little experience about  
11 it, are going to be marginal people who search  
12 for sensation. And that the marginal people  
13 who will be the original users of something  
14 potentially very dangerous are likely to be  
15 those who are most fragile in their own  
16 integration and therefore perhaps most likely  
17 to produce the first psychotic responses.

18 THE CHAIRMAN: Are there any  
19 questions from the audience for Dr. Rakoff?  
20 Any comments?

21 Thank you very much indeed, Dr.  
22 Rakoff.

23 I now call upon Dr. J.D.Griffin,  
24 General Director of the Canadian Mental Health  
25 Association and his colleagues who will present  
26 a submission to us now. If Dr. Griffin's  
27 colleagues would like to be seated at the table.

28 Excuse me. Dr. Griffin, would you  
29 like to begin then?

30 DR. GRIFFIN: Thank you, Mr.





1  
2 Chairman and members of the Commission.

3 We are here this morning representing  
4 a national voluntary health organization called  
5 the Canadian Mental Health Association. I  
6 represent this Association at the national level.  
7 My colleagues are here representing a local  
8 part, Metropolitan Services of our Association.  
9 I will introduce them in a moment.

10 I would like to say in the  
11 beginning that we would like this morning simply  
12 to establish without any doubt the great interest  
13 that this national association has in the task  
14 before the Commission and in the problem of  
15 non-medical use of drugs.

16 I should say also that this  
17 Association is a citizens' body. It is not a  
18 professional group. But being a citizens' body,  
19 a citizens organization, it does have the advantage  
20 of attempting to make representations both to  
21 the public and to government on behalf of the  
22 mentally ill and in support of mental health.  
23 It is advised by the very best professional  
24 people that we can find in our country at all  
25 levels. At the national level we do have a council,  
26 a national scientific planning council, comprising  
27 psychiatrists, psychologists, sociologists and  
28 other professionals who are concerned with mental  
29 health. The statement I am about to read, Mr.  
30 Chairman, is a very short statement which I have called



1 a statement of intent, because this is what it is.  
2 It is a statement of our intent to produce,  
3 hopefully at a later date, a more significant  
4 brief. Now if I may read this--

5                   The Canadian Mental Health  
6 Association has watched with concern the increase in  
7 the non-medical use of drugs especially among young  
8 people. The Association is fully aware of the fact  
9 that there has been a remarkable increase in the per  
10 capita consumption of chemicals and drugs of all  
11 kinds and among all levels and ages in the population,  
12 including prescription drugs presumably used for  
13 medical reasons, proprietary and over-the-counter  
14 drugs and chemicals such as alcohol, nicotine  
15 (tobacco) and caffeine (coffee). The reasons for  
16 this general increase in the use of drugs are  
17 speculative, it seems to us. Some of the reasons  
18 commonly advanced include high pressure advertising,  
19 increased social acceptability of these chemicals or  
20 drug usage, increased urbanization with overcrowding,  
21 heightened stress, tension and mobility, increased  
22 social distance between people with a feeling of  
23 alienation, boredom, etc.--Dr. Rakoff mentioned anomy.

24                   Of particular concern is the use  
25 of illusinogenic and hallucinogenic drugs by  
26 young people. The rapid growth of this type of  
27 drug use has been documented (for example by  
28 studies of the Addiction Research Foundation  
29 among others). The nature, variety and  
30



1 availability of such drugs appears to be almost  
2 limitless. It appears to be relatively easy, for  
3 instance, to compound, by simple laboratory techniques,  
4 an enormous number of different chemicals which have  
5 similar effects and in general have similar chemical  
6 structure, only differing sufficiently to make it  
7 virtually impossible to prohibit legally by name all  
8 the potential chemicals which might be used--or for  
9 that matter the potential hallucinogenic and  
10 illusinogenic herbs.

11                   There are those--usually among the  
12 adult middle and upper class population--who feel  
13 that this widespread use of such drugs by young people,  
14 although they are fully aware of their dangers, as has  
15 been pointed out by Dr. Rakoff, that this is not only  
16 an act of folly, but a sign of instability, weakness  
17 of character, lack of moral fibre, poor intelligence  
18 and even social degeneracy. Such terms of course  
19 reflect the uneasiness and alarm and possibly  
20 guilt felt by these older people--uneasiness  
21 and guilt due to the suspicion that somehow  
22 they have failed in the proper upbringing,  
23 management and training of the young. It is the  
24 view of the Canadian Mental Health Association  
25 that, although the phenomenon of the increasing  
26 non-medical use by the youth of Canada of drugs  
27 is a fact which has been clearly established,  
28 the meaning of this fact, the reason for it,  
29 the effect of it on the future health and  
30





1 well-being of the involved young people, the  
2 way it will influence their attitudes and their  
3 behaviour in the future roles as spouses, parents,  
4 workers, responsible citizens -- these questions  
5 can not yet be answered, definitely.

6 Is the so-called drug culture  
7 a symptom of some sort of social and mental  
8 disorder or decay? What is the epidemiology of  
9 the problem? Is there a group pressure towards  
10 use of drugs which facilitates this use?  
11 Is there a different kind of motivating mechanism  
12 facilitating such drug use when the individual  
13 is alone or/ by himself? Are certain drugs (for example  
14 cannabis) more attractive to people with  
15 certain characteristic personalities? And  
16 do these drugs tend to repress or enhance  
17 these characteristics?

18 What is the importance of drugs  
19 as an instrument of protest, or defiance?  
20 In this connection is it a symbol of the  
21 complete rejection by young people of the ugly  
22 and tragic failures of the adult society (for  
23 example society's attitude to money, war,  
24 pollution, bombs, discrimination and  
25 hypocrisy in so many fields)? You could go  
26 on for a great long list of dreadful things  
27 which society is apparently accepting.

28 What would really be the result  
29 if the current values and taboos relating to the use  
30



1  
2 of some drugs were fundamentally changed?  
3 What would happen, for instance, if the use of  
4 marijuana were to be legalized and, like alcohol,  
5 put under government control? Would our youth  
6 then abandon its use as a symbol of protest in  
7 favour of an even more dangerous drug (amphetamines  
8 for instance).

9 This is an interesting point.

10 There are no good answers to these  
11 and many other questions. There are opinions,  
12 beliefs, guesses ( some of them educated guesses)  
13 but presumably nothing in the way of hard facts.

14 The Association acknowledges  
15 that the scientific study and research necessary  
16 to find the answers to these and similar questions  
17 will be difficult and expensive. It intends  
18 to ask its National Scientific Planning Council  
19 to prepare a formal brief for presentation  
20 at a future date to the Commission in which some  
21 of these ideas and others will be developed.

22 In the meantime it is a fact  
23 based on the almost daily experience in some of  
24 our local branches which have information  
25 and referral services that enquiries and urgent  
26 calls for help in connection with drug abuse  
27 are very frequently received from young people,  
28 parents, the police and teachers. At this  
29 time it is clear that:

30 1. There is a need for a deeper





1  
2 understanding by adults and  
3 particularly by parents of young  
4 people -- their needs, hopes and  
5 aspirations, their frustrations and  
6 fears.

7 2. Parents and teachers and other  
8 adults in authority need more direct  
9 specific and supportive help in coping  
10 constructively with teenage children  
11 who are experimenting with drugs.

12 3. The medical and psychological  
13 treatment of young people  
14 suffering from acute psychotic  
15 reactions due to illicit use of drugs  
16 needs to be greatly improved.

17 The necessary knowledge and skill  
18 presently exists but are not  
19 always applied at the time and in  
20 the way in which they can be most  
21 effective. There even seems  
22 to be an aversion among some  
23 doctors to helping young people  
24 who are suffering from acute  
25 drug reactions.

26 And an aversion, I might add, that may lead to an  
27 aversion to their appearance. Perhaps they  
28 just don't like the looks of the young people--  
29 their costumes, the long hair, and so on.

30 The importance of immediate,



on the spot, intensive and  
comprehensive treatment of acute  
psychiatric illness has long been  
understood.

I know that Dr. Lehmann will appreciate that  
fact as certainly do I, that as early as World  
War I, it was found that in crisis situations  
such as occurred in the battlefields, for example,  
it was useless to transport the casualties,  
the psychotically reacting person back to the  
base hospital. One must administer effective  
treatment then and there. Keep him in the  
community. And we learned this in most instances  
that somehow we are in the process still of  
transferring patients of this kind for treatments  
after  
long periods of time and delay, sometimes to  
distant mental hospitals or psychiatric  
services in a general hospital, and this is  
simply not good enough and I would add, in some  
cases, even dangerous.

Now, Mr. Chairman, I would like,  
because this comes in just at that point, to  
introduce at this time a colleague of mine,  
Mr. John Hannant, who is the executive director  
of all Metropolitan services. Now, Mr. Hannant  
and his colleagues have immediate and personal  
experience in handling and trying to help  
some of the cases that I have been talking about  
in general terms. I might add, by the way, while



1  
2 I am still on, that there are many who are  
3 now concerned with developing better systems  
4 of educating young people, the children in  
5 school and youth in high school and even in  
6 university, of giving them exact and truthful  
7 knowledge about the meaning of drugs, the nature  
8 of drugs, the nature of their reaction so that  
9 they can understand this, so that they can  
10 with confidence accept information of this kind.  
11 Boards of Education are now deeply involved in  
12 designing courses of study which will include  
13 this, and I hope that it will be possible  
14 for you, Mr. Chairman, and the Commission, to  
15 receive briefs from some of these Boards before  
16 your work on this topic is completed, because  
17 they have gone very far and very effectively  
18 into this problem.

19 THE CHAIRMAN: Thank you very  
20 much, Mr. Griffin.

21 MR. HANNANT: Thank you. Mr.  
22 Chairman, members of the Commission of the Inquiry,  
23 I think with your permission I will proceed to  
24 read this short and quite informal brief submitted  
25 in the name of the Metropolitan Toronto Services  
26 Committee and the Canadian Mental Health  
27 Association and I will do this without further  
28 introduction.

29 The Canadian Mental Health  
30 Association's operation in Metropolitan Toronto





1  
2 has for some years provided an INFORMATION AND  
3 REFERRAL service for persons who telephone, or  
4 walk in to ask for help. This service  
5 has been recently extended to become a full time  
6 office-hours undertaking (augmented on weekends and  
7 at night by the after-hours emergency service of the  
8 Social Planning Council of Metropolitan Toronto).  
9 It would be correct to say that the growing  
10 demand for this particular service, and C.M.H.A.'s  
11 Metropolitan Toronto response to it, are  
12 chiefly due to the matters of youth and the non-  
13 medical use of drugs.

14 This brief to the Commission of  
15 Inquiry into the Non-Medical Use of Drugs is  
16 submitted with the qualifications that:

- 17 a) it is a statement by the C.M.H.A.'s  
18 Metropolitan Toronto Services operation  
19 only, drawn from the experience  
20 of one local (Information and  
21 Referral) service only; it is  
22 not a policy statement of the Canadian  
23 Mental Health Association, either  
24 national, provincial or local;  
25 b) this is a statement based  
26 on the actual experiences of the  
27 Information and Referral service  
28 rather than on study and research.  
29 The unique nature of this service, and  
30 the sharply accelerating use of it



1  
2 have provided considerable  
3 insight into a field of concern  
4 where uncertainty exceeds  
5 understanding.

6 Now, we wish to make two points:

7 1. It is evident, from the  
8 experiences of the Information and  
9 Referral Secretary, that parents -  
10 and adults generally - are badly -  
11 lacking in knowledge about drugs,  
12 and in understanding of youth.

13 Combined with ignorance is  
14 fear, the consequence of which is  
15 usually a communications breakdown  
16 between the generations, to the  
17 point where most parents who  
18 'phone to say "I think my child  
19 must be taking drugs...", reply  
20 "No!" to the question, "Have you  
21 asked him?"

22 Based upon the experiences of  
23 the Information and Referral service, it is evident  
24 that youth themselves have very limited knowledge  
25 concerning the medical effects of drugs and the  
26 implications of their continued use.

27 THEREFORE, we believe that  
28 factual information-giving, and  
29 education of various kinds  
30 including family-life education,





1  
2 should be responsibly undertaken  
3 by both public bodies and voluntary  
4 organizations, with a view to  
5 replacing unhealthy ignorance and  
6 fear with reasonable understanding  
7 and in order to reduce alienation  
8 and produce meaningful  
9 communication.

10 And the second point we would want to make:

11 It is also evident, contrary to  
12 public opinion, that all youth  
13 who use drugs aren't "bad"; all  
14 youth who use drugs don't need  
15 baths; all haven't "dropped out";  
16 and some even keep appointments  
17 with their barbers at regular inter-  
18 vals! It may be, however, that  
19 some of these images and prejudices  
20 have helped to create a  
21 frustrating lack of medical and  
22 other helping services for youth.  
23 Further, this may explain some of the  
24 general unwillingness or  
25 inability of established institutions  
26 to undertake or support innovative  
27 services and programmes for  
28 youth.  
29 THEREFORE, we believe that a  
30 new climate of caring is



1  
2 required by the public at large,  
3 and expressly by helping agencies  
4 and services. More support must  
5 be given for innovative  
6 demonstrations and projects by  
7 agencies and concerned individuals,  
8 in terms which have meaning for  
9 youth and which are acceptable to  
10 them. More youth involvement  
11 in the planning for and administering  
12 of such undertakings is necessary.  
13 If we're going to truly serve  
14 youth, we must be relevant on their  
15 terms, not according to others'  
16 conventions.

17 Now, Mr. Chairman, I would simply  
18 add that on behalf of this brief, I think the  
19 appropriate person to ask questions is the lady  
20 whose voice is at the other end of the telephone  
21 in our Information Referral service, Mrs. Scace.

22 THE CHAIRMAN: Thank you very  
23 much, Mr. Hannant. We are deeply impressed  
24 by the importance of these supportive services  
25 that you have spoken about this morning. Could  
26 you assist us with your views, if you have any  
27 at this time, as to how this is best tackled from  
28 a governmental point of view? What is government's  
29 role here, and more particularly, what role can  
30 the federal government play? We have, it seems,



1  
2 the question of good information which is  
3 available -- widely available, readily available,  
4 and we have proper medical care and other kinds  
5 of assistance.

6 I have the impression from what  
7 I have heard so far that it is the front line  
8 operations so to speak, that is most important  
9 But behind it, there seems, it seems to me,  
10 there must be organized support for information  
11 and technical services. Has your organization  
12 formed any view of what<sup>is</sup>/the proper role of  
13 government, what can government do, and more  
14 particularly, what can the federal government  
15 do in connection with other governments?

16 DR. GRIFFIN: You see, the  
17 federal government has a multiple role to play  
18 here. It would not have a responsibility  
19 directly in providing health services, it seems  
20 to me, and in providing special treatment and  
21 helping services at local or provincial levels.  
22 This would have to be provided, under our  
23 present constitution, by the provincial  
24 governments or by local communities and other  
25 voluntary and official agencies.

26 However, the government does come  
27 in, in at least two important ways, in my view.  
28 First is with reference to legislation, and we  
29 have heard a great deal, and I am sure you have  
30 already heard a great deal about whether the law





1  
2 with reference to prohibition of marihuana  
3 should be changed, should be legalized. Should it  
4 be put in another category? Is it a narcotic  
5 or isn't it? And this is something which, of course,  
6 only the federal government can decide, based on  
7 evidence, which you yourself, in your Commission  
8 no doubt, will be gathering during the course  
9 of the next few months. There is a suggestion  
10 that the present system of proceeding legally  
11 against those who are found to be using marihuana  
12 and against those who even are dispensing it  
13 is too harsh in the light of the kind of  
14 statements that you have just heard this morning.  
15 This is something that the federal government  
16 will have to tackle bravely. It is a difficult  
17 one because undoubtedly it will have to keep in  
18 mind the fact that it is important to reflect  
19 the democratic majority in the country, and  
20 this is a problem. The majority still in our  
21 country, I suppose, is over thirty, although  
22 very rapidly the under thirties may change this  
23 right around.

24 The second way in which the  
25 federal government can help, and this is, I think  
26 very important, is to facilitate research into  
27 this very nitty gritty field of the social,  
28 emotional and psychological aspect of the drug  
29 problem, if I can use that word. This is what  
30 I referred to in our paper, in our presentation



1  
2 this morning. There is still far too little  
3 financial support for strategic research in  
4 my view, coming from federal sources. In fact I  
5 suppose that everyone who is interested in  
6 research, whether it is medical or even industrial,  
7 will make this same complaint. Far too little  
8 research is supported by federal sources,  
9 federal funds in our country.

10 But here is a very urgent emerging  
11 critical problem--the non-medical use of drugs.  
12 And surely this is an area in which we need more  
13 facts, and I don't know any other way of finding  
14 out more hard facts than establishing significant  
15 research programs in several centres. I feel  
16 we are about ready now to do this in many  
17 university centres across the country.

18 THE CHAIRMAN: Excuse me.

19 Professor Bertrand? Thank you, Dr. Griffin.

20 PROFESSOR BERTRAND: You mentioned  
21 that your association has the youth and could  
22 benefit from the wealth of serious scientific  
23 resources. And you have your national scientific  
24 planning council. Yet is it not astonishing  
25 somehow that you are now only beginning to  
26 envisage the scientific study of a problem  
27 which you describe as an object of serious concern  
28 to you, and which has been so for some years,  
29 I suppose.

30 DR. GRIFFIN: I can only add





1 touche to that. However, it is not true that  
2 we have just now begun to be concerned about this.  
3 We have been discussing this in our National  
4 Scientific Planning Council for four years.  
5 The problem is one of priorities. We started,  
6 by the way, in discussing this problem with the  
7 question of the hard drugs, heroin and morphine  
8 and that sort of thing and we got so involved  
9 in -- if I may say so, a protest against the  
10 Federal Government's tendency to isolate the  
11 treatment of convicted drug addicts, those  
12 who are addicted to these drugs in a centre  
13 in the middle of nowhere in British Columbia,  
14 separated by quite a distance from university  
15 and research facilities and so on, and we were  
16 hung up on this problem for a long time. We  
17 are now much more satisfied with the way the  
18 things are going in the federal penitentiary  
19 in services and/drug addiction, and I think the  
20 government is beginning to roll more effectively  
21 on this problem. So now we are turning our  
22 attention to this, and as you say it is high  
23 time -- it is not because we have been negligent  
24 or that we haven't thought about it, it is just  
25 that the resources of a voluntary association  
26 such as ours and our voluntary help which we get  
27 from these notable scientists has to be used  
28 somewhat sparingly.  
29 Our National Scientific Planning Council comes  
30



1 together as a whole only once a year for two  
2 days. We work in between times by committees,  
3 and we have a committee on drugs and they are  
4 working and this -- from this committee we hope  
5 the brief will come to you.

6 THE CHAIRMAN: Dr. Griffin, should  
7 the research and dissemination of reliable information  
8 in this field be organized and co-ordinated on  
9 a national basis, do you think, in some kind of  
10 a national foundation?

11 DR. GRIFFIN: This is a question  
12 which we have contemplated very often with  
13 reference to research in the mental health  
14 and psychiatric fields. We are constantly being  
15 asked; is there overlap and duplication of research  
16 problems? Wouldn't it be a good thing if this  
17 were directed from a central bureau or foundation  
18 or commission? To some extent this is true  
19 in the United States where the National Institute  
20 for Mental Health does provide national  
21 leadership and co-ordination and really does  
22 stimulate<sup>a</sup> certain amount of co-operation between  
23 various centres, so that there is a minimum  
24 amount of overlap. It doesn't actually do  
25 away with overlap entirely. A certain amount  
26 of overlap is necessary. However, in this  
27 particular field I think a crash program might  
28 be seriously contemplated and in such there  
29 is a need for some national body, in my view  
30





1  
2 anyway, to start this off. Our experience so  
3 far in Canada has been that the government is  
4 reluctant to set up a national research institute  
5 of this kind, possibly because they no sooner  
6 set one up in, say a place like Toronto, then  
7 they have to set up another one in Montreal.  
8 And which is the national one? We have to  
9 have something which is bicultural and bilingual  
10 now and set it up probably in Ottawa and this  
11 is a long time coming. It hasn't come yet.

12 I think that for your purposes,  
13 sir, and this is only my personal  
14 opinion, that there would be advantage in a  
15 national research commission to establish,  
16 not necessarily to carry out the research itself,  
17 but to apportion and appoint--to apportion funds  
18 and to appoint the necessary researchers across  
19 the country, and to co-ordinate their efforts  
20 in what now surely must be a most urgent  
21 social, emotional, moral as well as political  
22 and possibly mental health problem.

23 THE CHAIRMAN: Dean Campbell?

24 MR. CAMPBELL: Mr. Chairman, I  
25 would like to ask questions, first of all to  
26 Mr. Hannant, in the remarks you made about the  
27 drug phenomenon. I wonder if you could -- on the  
28 basis -- I wonder if there would be a response.  
29 It is antagonistic almost out of an adult jealousy,  
30 out of the freedom of experience, the freedom





1  
2 of expression the young have had.

3 Secondly, I think Toronto must  
4 have one of the most affluent structures for  
5 coping with people having bad trips. You have  
6 here a number of psychiatrists who have direct  
7 experience in this area, you have the resources  
8 of the large hospitals, you have an organization  
9 like the Drug Research Foundation with a seven  
10 million dollar budget that is of much concern,  
11 and I presume it is very helpful to you in  
12 referrals. I would like to hear something of  
13 specific problems you face in this very affluent  
14 climate, because they must be magnified a  
15 thousandfold in most other Canadian centres.

16 Thirdly, there is the area of  
17 prescription drugs. And I am wondering if you  
18 are exercising yourselves at all in looking into  
19 the extent to which drugs may be prescribed by  
20 physicians, but in either an incompetent or  
21 cavalier or extraordinarily dangerous way.  
22 I am thinking particularly in the area of the  
23 amphetamines where we have an enormous manufacturer  
24 of these drugs and a large part of them going  
25 into the legitimate market. Why is this  
26 prescribed, and why?

27 DR. GRIFFIN: I have had difficulty  
28 in hearing at this point, some of the words  
29 that you have used, Dean Campbell. Do I  
30 interpret your first question -- the importance



1  
2 of providing more freedom.

3 MR. CAMPBELL: The first  
4 question really was a very broad one. You  
5 spoke of the sources of the adult response to  
6 the use of hallucinogenic drugs.

7 DR. GRIFFIN: Yes.

8 MR. CAMPBELL: I was wondering to  
9 what extent -- there may be almost a factor of  
10 jealousy among the adults. They are looking  
11 at these kids and saying, "Wow, look at that  
12 freedom, we have had nothing like this and by God  
13 if we didn't have it, by God they are not going  
14 to have it."

15 DR. GRIFFIN: Again, you will  
16 have to pardon purely personal conjecture on this  
17 point and my guess is, it is perhaps more of a  
18 fear than a jealousy reaction. I think that  
19 adults are scared stiff about what they imagine  
20 is happening. They see this as a growing menace,  
21 a kind of a monster that is slowly growing and  
22 soon will take over the whole society. And they  
23 can't help but feel that somehow it is their  
24 fault. This would be my first and perhaps  
25 very naive interpretation. Again, of course,  
26 I think there is a tremendous amount of guilt,  
27 on the basis that they know damn well that their  
28 own habits of  
29 using chemicals like alcohol, like tobacco, and  
30 other things perhaps, even aspirin, are not without





1  
2 some significance here and the young people  
3 may very well say, "Well, you have got your  
4 martinis, you can have your rye. I am just  
5 interested in a little bit of marihuana.  
6 What are you so mad about?" This sort of thing.

7 As for your second question, what  
8 about Toronto with its plethora of psychiatric  
9 facilities, a very good point indeed. It is  
10 rather interesting and here I would like to  
11 refer to a really front line worker, Mrs.  
12 Scace. But I get the impression that the young  
13 people themselves, when they find that they are  
14 in a psychiatric, in psychiatric trouble, they  
15 are having a freak out of some sort, that  
16 they know somehow, that there are certain places  
17 that you would think that they would go to  
18 naturally for medical and psychiatric help  
19 which they feel are most unhelpful.

20 Now, of course we can't name  
21 names but there is a certain reluctance of  
22 young people to go to certain centres and  
23 certain drive or requests coming from them,  
24 that they be sent to others. Now I will  
25 pass this question on to Mrs. Scace, because  
26 I prefer to.

27 MRS. SCACE: This I would  
28 back up very strongly. I wouldn't want to  
29 name names, but in the experience in the last  
30 summer we have had three rather large rock



1 festivals where we have had to take kids to  
2 hospital, and it is exceedingly evident that  
3 they will not go. They would rather leave us, who they  
4 trust at the moment, rather than go to certain  
5 centres. And when pushing them and asking them  
6 for the reasons, you get all kinds of responses,  
7 one being they don't know what they are doing,  
8 and secondly they think, well, to use their word,  
9 'stink.'

10  
11 At first when I got into this  
12 thing, I went with a lot of these kids to these  
13 different centres and this indeed was true.  
14 They would be taken to the Emergency of a  
15 general hospital for instance, and they would  
16 face reticence on the part of the medical people  
17 to even attend to them. And they know this.  
18 They don't like the structure--for instance,  
19 your name, do you have OMSIP -- you know the  
20 usual that we live with, the kind of numbers,  
21 names and this kind of thing, and the attitudes  
22 which are very different. There are all  
23 sorts here in Toronto which have made themselves  
24 very relevant to the kids, and by that I mean  
25 they maintain their own structure. But they do  
26 act, I might say, unorthodox, and ethical ways  
27 to reach these kids and they become very  
28 ineffective. It is very frustrating to  
29 somebody in my position when kids call or  
30 the young are involved in the places on the spot



1 to                    when I know it is there, not have  
2 the response that we need because in the smallest  
3 rock festival -- I believe it was between 300  
4 and 350 bad trips within eight hours, and I  
5 guess you know that the peak is eight hours  
6 of the drug life and we could not see kids after  
7 one o'clock, and I don't know what happened to  
8 them, or whether they themselves would go. I  
9 don't know what happened -- I had several calls  
10 in the middle of the night, and they could be  
11 dealt with on the phone and they didn't go.

12  
13 MR. CAMPBELL:        The one question  
14 where you declined to name names, but I would  
15 make the observation that if all the institutions  
16 in society that may be reasonably expected to  
17 make certain responsibilities and they aren't,  
18 one of these days someone had certainly better  
19 name names.

20 THE CHAIRMAN:        Are there any  
21 other questions from anyone else, please?

22                    Would you come to the microphone  
23 -- do you mind -- there is one closer to you  
24 at the back there, so we can -- thank you.

25 THE PUBLIC:          I was wondering,  
26 This group is always talking about the bad  
27 effects of drugs and the drug addicts. But you  
28 don't know, There might be other people using  
29 drugs that aren't worried, and maybe enjoyed,  
30 and nothing bad is happening to them.        You seem





1  
2 to be down and saying this is destroying our  
3 society, but perhaps it isn't.

4 THE CHAIRMAN: Would you care to --

5 DR. GRIFFIN: I think the young  
6 lady has said that we have apparently stated  
7 that drugs have a bad effect and are destroying  
8 society, is that correct?

9 THE CHAIRMAN: Yes, that we seem  
10 to be down on it and have nothing positive to  
11 say about it.

12 DR. GRIFFIN: Surely this is not  
13 in our statement. I have raised this as a  
14 question which has been repeatedly raised and  
15 that we are aware that there are adults, a large  
16 number of adults who say these things. And the  
17 evidence for this is very soft; it is a matter  
18 of opinion -- speculative conjecture -- it is  
19 a matter of feelings and attitudes, not hard  
20 facts, and it is a plea for some concerted  
21 well defined effort to find the facts, to prove  
22 whether these drugs are in fact damaging or not,  
23 that our presentation was based on.

24 THE PUBLIC: Well, when you are  
25 doing your research, are you trying to find if  
26 there is a good positive side to this, or are you  
27 trying just to find out what is bad about it?

28 DR. GRIFFIN: The point is that  
29 there is no well-planned research on a sufficiently  
30 large scale going on at all, as far as I know.



1  
2 Now, I may be wrong, but I don't  
3 know of it. And this is one of the things we  
4 have made a strong plea for. We need this  
5 kind of investigation in order to establish the  
6 facts before we make judgments.

7 THE PUBLIC: Who have you given  
8 this plea to, like to do the research? Who  
9 do you want to do it?

10 DR. GRIFFIN: Who should do the  
11 research?

12 THE PUBLIC: Yes.

13 DR. GRIFFIN: Well, the research  
14 will have to be multi-disciplined in nature, it  
15 seems to me, because there are so many facets to  
16 the problem. Of course by that, I mean there  
17 will have to be not only trained researchers from  
18 the medical field, and the psychiatric field,  
19 but also -- particularly also, sociologists,  
20 anthropologists, probably psychologists and  
21 educators, not to say -- to leave out -- the legal  
22 profession. Because there are a lot of  
23 enormous problems that relate to legislation and  
24 legal attitudes, and legal customs and all of these  
25 have to be investigated now. And of  
26 course, this is why we are so pleased, at least  
27 to some extent pleased, about the establishment  
28 of this Commission. It is this kind of fact  
29 that we need, someone who will fearlessly ask  
30 opinions as they have of you, about these things,





1  
2 and as they have of us.

3 THE CHAIRMAN: Yes?

4 THE PUBLIC: I think a couple of  
5 points were raised which you didn't deal with,  
6 and they are points or questions of attitudes, or  
7 points or questions of entities.

8 When we talk of the use of hashish  
9 and marihuana, most of the time what you hear  
10 is the use of hashish and marihuana amongst  
11 a class of people called youth. Now, marihuana,  
12 at least as I understand it, talking to some  
13 older friends of mine, has been in use in Canada  
14 for about twenty-five years by people who are  
15 still using it, who are probably now forty or  
16 over. The new emphasis of marihuana on youth  
17 is one kind of bias in approach to the problem  
18 which I think has to be questioned. The same  
19 kind of bias exists, as the young lady suggested,  
20 in terms of research, because the research that  
21 has been done up to now is by the researcher  
22 whose results have said there has been no  
23 positive medical identification but there are  
24 problems caused by the use of marihuana, or that  
25 there are dangers involved.

26 None of the tone of the research  
27 so far, with very small exceptions in isolated places  
28 in some parts of Canada, has said, let us  
29 investigate what the positive effects of LSD and  
30 marihuana are. The emphasis has always been



1  
2 this, proving that there are no bad effects.  
3 And I think that is the point that is being  
4 raised. Thank you.

5 MR. CAMPBELL: I would just like  
6 to make one observation while this gentleman is  
7 coming to the microphone with reference to the  
8 remark of the lady a moment ago. One area of  
9 the research is simply the setting up of a  
10 Commission like this. And I think there is a very  
11 real responsibility on those who feel that these  
12 jobs have a positive value to say so, and make  
13 very clear to this Commission and the public  
14 what these positive values are. And I hope the  
15 people will accept this as a responsibility.  
16 We are here to listen and to hear and we hope  
17 you will come forward and say that these are  
18 good things. If you don't there will be a  
19 vacuum of knowledge.

20 THE PUBLIC: I would just like to  
21 add to that point, that there would have to be  
22 certain guarantees of anonymity due to the  
23 legalization in this country. If it were not for  
24 that, the people would be more willing to come  
25 forward. The main thing I was going to suggest  
26 is as a term of reference for the Commission  
27 I noticed in the first statement, the statement  
28 that appeared in the Toronto paper, you have to  
29 limit yourself in studying tobacco and studying  
30 alcohol, which I think is understandable. But I





1 think one area that you want to get into, I think,  
2 is the whole question of psychosis, because I think  
3 if the inducement in some situations of psychotic  
4 reaction or schizoid reaction is going to be used  
5 as an argument against psychedelic drugs,  
6 psychotropic drugs -- well I suppose it wouldn't  
7 be used as an argument for --- if the  
8 psychotic experience is going to be cited,  
9 then I think the Commission must  
10 seriously look into what the Commission is, because  
11 it is not something that is necessarily definable.  
12

13 There are very many different  
14 schools and approach and psychiatry to it,  
15 and I think the Commission should make some  
16 attempt to interview people -- whether people  
17 are thinking along that line, whether the  
18 mainstream Canadian attitude is to psychosis.  
19 If the Commission can't have that within its  
20 frame of reference, then I think arguments of  
21 a possible inducement of psychosis will have to  
22 be ignored if you are not going to discover  
23 exactly what that is, or the controversy around  
24 it.

25 THE CHAIRMAN: Dr. Lehmann?

26 DR. LEHMANN: Well, obviously the  
27 Commission will have the responsibility to look  
28 into all the aspects, positive, negative and  
29 also very definitely into the neutral aspects,  
30 namely perhaps it does leave something





1  
2 good or something bad, and then I think it should  
3 be obviously something left to the choice of the  
4 citizen. So we want to look into all of these  
5 aspects and I think perhaps one of the aspects --  
6 is the psychosis as a complication or psychotic  
7 development, suicide, rage outbursts and so on,  
8 that occur in a certain number of people who  
9 have taken these drugs. And we have to see just  
10 what is the percentage, what is the incidence,  
11 how much predisposition was there. I think there  
12 is just a recent paper out again in August  
13 from the American Medical Association  
14 where they described the case of a young college  
15 student with a perfectly good personality,  
16 quite stable and in no way giving any warning  
17 that he was precariously balanced. He was  
18 smoking marihuana two or three times and then  
19 developed a psychosis immediately afterwards  
20 which lasted for several months. Now this  
21 doesn't happen very often, but there may be a  
22 lot more of these cases than have been published.  
23 These are cases which will have to be taken  
24 very seriously and in our final report we will  
25 have to deal with that.

26 THE PUBLIC: I understand  
27 that, but I think the point I was making was  
28 more qualitative than quantitative, that the  
29 nature of the psychosis -- rather the psychosis  
30 that particular chap had, was a good thing or a bad



1 thing. will have to be left into it,  
2 either -- as well.

3 I understand that  
4 it is essentially a happy thing perhaps. That is  
5 the area that will have to be explored.

6 DR. LEHMANN: This is a new  
7 aspect. It is quite true that the experience of  
8 having a psychotic breakdown in certain people  
9 may actually help their maturity  
10 personality grow. It is a personality -- it is  
11 a possibility, and while there is not much  
12 evidence on this sort of thing, there is a  
13 possibility.

14 THE CHAIRMAN: Gentlemen at the  
15 back -- oh, excuse me, go ahead.

16 THE PUBLIC: Yes, Dean Campbell  
17 mentioned something about naming names and he  
18 thought that someday somebody would have to name  
19 names. I would just like to extend that  
20 statement a bit, instead to inquire of the  
21 Commission exactly what its political nature is.  
22 A lot has been mentioned about the political  
23 repercussions of the legalization of marihuana  
24 and I am interested in the political implications  
25 of this Commission and exactly what potency  
26 does the Commission have. It is not my  
27 understanding that it is a Royal Commission and  
28 certainly will only be able to suggest some  
29 kinds of changes with the interim report and  
30





1 the final report. I am curious to know. I would like  
2 to have some kind of debate, maybe among the  
3 Commissioners themselves, as to what they consider  
4 their political role.

5 THE CHAIRMAN: Well, let me say first  
6 of all, this is an independent Commission of Inquiry,  
7 constituted like all previous Commissions which have  
8 borne the imposing title of appellation of "Royal"  
9 under Part I of the Inquiries Act, and if I may be  
10 bold enough to say so, in public, I suspect that the  
11 reason that that name was dropped in our case was that  
12 there was a suggestion that some Royal Commissions  
13 have ;been less than satisfactory in the time they have  
14 taken to report. I don't know if we are going to set  
15 any record but we are going to do our best, and that  
16 other names that we have used today for political  
17 reasons. Now we are a Commission; we are not  
18 answerable to any Department of Government; we are  
19 completely independent and we are taking great pains  
20 to maintain that independence. We are acting under  
21 no directives of any kind; we have no idea of the  
22 political preconception and we are not interested  
23 in hearing about any. Our mandate is not political  
24 in the sense that it was just referred to. Our  
25 mandate is to go at the facts, get the meaning of this  
26 thing, to the best of our ability, to try to discover the  
27  
28  
29  
30



1 truth and to tell it to the best of our  
2 ability and that we unanimously intend to do  
3 to the best of our ability.  
4

5 There is no question of having  
6 a debate among ourselves and we are completely  
7 in an understanding on our mandate. It is  
8 quite onerous for us as to what one government or  
9 what another government may or may not do with it.

10 We will leave that until  
11 the time when it arises. We don't want to  
12 confuse our fact finding function with anxieties  
13 over what may be politically feasible. If we  
14 start thinking what may be feasible, we are  
15 going to adopt a political function and I  
16 think I speak for the Commission that we do  
17 not intend to do that. I am frank to say,  
18 however, that we do understand impliedly from  
19 our terms of reference that there is an educational  
20 function involved here of an urgent character,  
21 as well as a purely investigative one, and we  
22 are frank to say we accept that and that  
23 may at times cause some confusion in the public  
24 mind because we feel we have a duty to stimulate  
25 public discussion of this issue. As I said  
26 in my opening statement/<sup>it</sup> is not a purely technical  
27 issue reserved for experts, it is a broad social  
28 issue in which every citizen in this country  
29 has a duty to bring information to us on it.  
30 I hope that is a satisfactory public statement





1  
2 on how -- what we see to be our role.

3 THE PUBLIC: I would like to  
4 make a few more comments with respect to the  
5 comments on public hospital. I take it that  
6 one of the problems with hospital space  
7 today is the fact that they are not sure  
8 whether to treat drug cases as a health  
9 problem or as a criminal problem. And in my  
10 experience as a chairman of a task force on  
11 drugs in Peel County, I believe this is one  
12 of the areas where this Commission should do  
13 some investigation to see exactly what  
14 hospitals are doing and how they could better  
15 serve the total community, and that includes  
16 people who are on drugs and who are taking  
17 drugs.

18 THE CHAIRMAN: Dr. Griffin?

19 DR. GRIFFIN: I would like to  
20 make comments. One in answer, or in response, to  
21 a comment made by a gentleman in the audience  
22 and another one in response to Dr. Lehmann.  
23 It was stated in the audience that the problem  
24 is not only a youth problem; that there are  
25 many adults over forty who have a long  
26 history or practice in enjoying marihuana  
27 and so on. This is exactly the kind of  
28 information that is lacking today, good sound  
29 epidemiological studies. We just don't know.  
30 it  
And/has also been suggested, one of the reasons





1 why we don't know is the reluctance of people to  
2 come and testify to the fact that, yes, they have  
3 smoked marihuana. Why should anyone expose themselves  
4 to the possibility of public prosecution or even  
5 criticism by doing that? So there is a general  
6 reluctance to do this, and I think that we somehow  
7 in our research have got to overcome this and find  
8 out what the facts really are.

9                   Secondly, with reference to Dr. Lehmann's  
10 discussion of psychotic reactions, I wonder if the  
11 Commission has had time to look at the study which I  
12 believe was published in the American Medical Association  
13 on the report of the use by American soldiers in  
14 Viet Nam, the use by these soldiers of marihuana  
15 rather extensively and the finding that those who  
16 have used marihuana extensively are breaking down  
17 with battle psychosis or what we used to call battle  
18 neuro-psychosis or neurosis in the fighting field of  
19 Viet Nam. Here it would seem to me, and I must admit  
20 that I haven't studied this article in depth, but  
21 just read the report of it, the possibility exists  
22 that these men are weakened to some extent in their  
23 innate stability, in their capacity to resist break-  
24 down by the use of marihuana. Now at once I know  
25 people can say, "Not proven", that these people  
26  
27  
28  
29  
30



1  
2 are disaffected and demoralized to begin with  
3 and that's why they took the marihuana and  
4 that may be the effect that is affecting the  
5 psychosis.

6 THE CHAIRMAN: I think  
7 perhaps this will have to be the last of  
8 this very interesting discussion. We have  
9 another presentation before we go to the  
10 University of Toronto.

11 THE PUBLIC: When this  
12 group down here first started their discussion  
13 they started that one of the chief reasons I  
14 think that marihuana is not going to be  
15 legalized is because the people who are using  
16 it are just using it as a means of protest  
17 against government or something and if they  
18 did legalize it, these people would just switch  
19 to other drugs that aren't legal. Is this  
20 a generally accepted view of all the people  
21 who are making these laws? I mean, do  
22 they really believe that the people are just  
23 doing it just for protest or that there aren't  
24 any people who enjoy it?

25 DR. GRIFFIN: I think I was the  
26 one who raised this as a question. I wish I  
27 knew. I think this is one of the things that  
28 have been suggested, as you have indicated, and  
29 I don't think we really know how much this  
30 represents a social or political protest or





1  
2 what.

3 THE CHAIRMAN: Thank you very  
4 much, Dr. Griffin and your associates, Mrs. Scace,  
5 Mr. Hannant. You have given a most helpful  
6 presentation.

7 Now, I call upon Dr. Moghadam to  
8 address the Commission.

9 Dr. Moghadam is at the School of  
10 Hygiene at the University of Toronto.

11 DR. MOGHADAM: Mr. Chairman --

12 THE CHAIRMAN: May I have your  
13 attention please? Dr. Moghadam.

14 DR. MOGHADAM: Mr. Chairman,  
15 members of the Commission, I do not profess to  
16 be an expert in the field of drug abuse. I  
17 have never treated anyone with drug abuse or  
18 drug addiction. I consider myself only a  
19 concerned citizen, who has done perhaps more  
20 than his share of reading and thinking about  
21 this. I did have some contact with drug  
22 addiction in that I was for three years a  
23 member of the Board of Directors of Narcotic  
24 Addiction Foundation in British Columbia, and  
25 for seven years I was working with school  
26 children in Vancouver where I had intimate  
27 contact with children who were using drugs.

28 In the written presentation  
29 which I submitted to you, I asked more questions  
30 than I answered with respect to soft drugs,



1 and the previous speakers this morning raised  
2 the same question and just about everyone  
3 mentioned a lot of speculations that require  
4 intensive epidemiological research to answer.  
5

6 Now, I would like to re-emphasize--  
7 re-stress this word "epidemiological research",  
8 because my own review of literature has convinced  
9 me that a number of surveys are carried  
10 out by people who have not been trained in  
11 epidemiological techniques. My own  
12 background as a paediatrician and as a  
13 preventive medicine specialist gives me a  
14 somewhat better than average knowledge of  
15 epidemiological techniques, and I read the  
16 reports and scientific journals in surveys  
17 of drug abuse. And from the write-up it is  
18 quite obvious to me that people who have  
19 carried out these surveys did not have  
20 epidemiological background.

21 If I might bring an example in an  
22 area where more research has been done, because  
23 it is older, area of juvenile delinquency.  
24 Lots of research has been done there which has  
25 been retrospective research looking at the  
26 population of juvenile delinquents and going  
27 back to their background. They find out the  
28 majority of them come from broken homes, and  
29 anyone who comes from broken homes  
30 becomes a juvenile delinquent. Now, this is not





1  
2 so. Some few studies have been carried out  
3 which show that there are many children who  
4 come from broken homes and they grow up to become  
5 healthy, well-adjusted, normal, useful citizens.

6 Then what is it that gives  
7 these children or these people a strength of  
8 character which gives them the immunity, so  
9 to say, to overcome all the unfavourable and  
10 environmental background that they have,  
11 and they become normal citizens. Epidemiological  
12 research, Mr. Chairman, must consider normal  
13 as well as abnormal. Research has been  
14 carried out concerning drug use, soft drugs,  
15 and have only looked at the population which  
16 have been taking the drugs. They have not  
17 considered the normal population, and I think  
18 this is one of the things that the lady in the  
19 audience mentioned.

20 Until we have research well  
21 planned and well organized and well financed  
22 epidemiological studies which would give us  
23 some insight to the problem of drug use and  
24 drug abuse, the only thing that we can do is  
25 to stick to the speculation that we have and  
26 use health education in order to persuade  
27 people not to use it until we have better  
28 evidence, whether they are good for you or  
29 bad for you.

30 My main reason for appearing





1  
2 before you, Mr. Chairman, is to express my  
3 thoughts on the problem of heroin addiction.

4 THE CHAIRMAN: On the problem  
5 of heroin addiction.

6 DR. MOGHADAM: Yes. The  
7 reason is that I think we have here more  
8 evidence that there is something wrong with  
9 the people who take these drugs and we have  
10 definitive evidence that heroin addiction is  
11 very harmful to a person and we have also  
12 evidence that something can be done about it.  
13 Unfortunately, the problem of heroin addiction  
14 has been overshadowed by much more prevalence  
15 of the abuse of marihuana and other soft drugs,  
16 as perhaps is evidenced by the people who  
17 are in this audience today. Insofar as  
18 heroin addiction is concerned, I like to ask  
19 myself and other people a question, and that is,  
20 why are we concerned about it?

21 My answer to it is that we are  
22 concerned about heroin addiction, one, because  
23 we are concerned with the health and welfare  
24 of the addict himself.

25 Two, we are concerned because  
26 of the spread of addiction to the rest of the  
27 population.

28 Three, because the criminal  
29 activities,  
30 which are associated with addiction and a fantastic



1  
2 cost of these activities to our society.

3 Our present methods of control of  
4 heroin addiction can at best be termed a failure,  
5 if we can judge the success or failure of any  
6 method that is also obtained from the  
7 method. The number of heroin addicts appear  
8 to have been increased year after year in  
9 this country and it is estimated to be  
10 approximately at four thousand known addicts,  
11 1968. This does not include the number of  
12 addicts that we do not know.

13 Mr. Chairman, I mention in my  
14 written presentation to you that I believe that we  
15 can control narcotic addiction if we use  
16 the epidemiological principles that we  
17 have employed in the past in comparing many  
18 other diseases such as malaria and typhoid fever.  
19 I bring you these two examples. They are very  
20 similar, these two diseases, in the spread of  
21 these, of addiction. But in the prevention  
22 of any disease, Mr. Chairman, from a medical  
23 profession, those particularly that have been  
24 interested particularly in prevention and  
25 public health, they have used several methods.  
26 Either they have tried to attack the host,  
27 the human host, and do something to prevent  
28 the disease. An example of this would be  
29 diphtheria, small pox, poliomyelitis, where we  
30 immunize the susceptible host and make him





1  
2 immune against a disease. I would say the  
3 environment in which the disease micro-organism  
4 and human host live. An example of this  
5 kind of attack would be inferred in the  
6 sanitary disposal of human waste and so on and  
7 so on. We have another type of control of  
8 human infections and disease because I mentioned  
9 malaria and typhus fever in which there is a  
10 vector. In malaria, the vector, that is the  
11 organism which carries the disease germs from  
12 one person to the other person, is a specific  
13 species of mosquito. And in typhus fever and trench  
14 fever in war, the specific vector is body louse.

15 As long as we did not know about  
16 the vector of these diseases, and as long as we  
17 did not know the mode of transmission from man to  
18 man, we could not control any of these diseases.  
19 But once we found out what the vector is, once  
20 we found out that typhus fever is carried from  
21 person to person by body louse, and malaria by the  
22 mosquito, then you are able to control it.

23 Millions of people used to die  
24 from malaria but they don't any longer. May I  
25 suggest, Mr. Chairman, that in heroin addiction  
26 we have a most beautiful analogy and that is  
27 that the vector is a human animal, called the  
28 pusher. If we could eliminate the pusher,  
29 Mr. Chairman, I am confident we could control  
30 heroin addiction. Now how we can conquer the



1 |  
2 | pusher is by simply destroying his reason  
3 | for existence which is profit. There is no need  
4 | for me to go into the size of the profit that is  
5 | involved in the business of the pusher. I  
6 | have mentioned that in my brief to you and  
7 | calculated roughly between a half a billion to  
8 | a billion dollars a year and, as I mentioned, I  
9 | really don't know any disease that as a society  
10 | we have been able to spend so much money every  
11 | year without being able to conquer that disease.

12 | I suggest that the pusher can  
13 | be eliminated by considering heroin addiction as  
14 | a disease, as an operation of mental behaviour,  
15 | as an operation of -- a behaviour decider and  
16 | provide treatment centres for addicts in the  
17 | major centres of addiction. And we know these  
18 | major centres. We know that about 60% live in  
19 | British Columbia and half of our addicts live  
20 | in Vancouver alone. There would be no need  
21 | for the pusher's existence if the addict can  
22 | receive either treatment -- if they can be  
23 | treated, if they are willing to be treated,  
24 | on maintenance therapy at these centres.  
25 | Once they can receive without fear maintenance  
26 | therapy at these centres, the criminal attachment  
27 | would be brought under control, and they would  
28 | either be treated as a percentage of them  
29 | could be treated and it would eventually die  
30 | out. A small portion of the addicts would





1 mature out -- this is a term coined by a  
2 gentleman several years ago, who noticed that  
3 some addicts in their late thirties and forties  
4 spontaneously give up addiction without any  
5 treatment or coercion. The problem of  
6 addiction would also be brought under control  
7 if there was no profit for the pusher to start  
8 new victims on heroin, since the newly addicted  
9 would not be forced to acquire his supply from  
10 the pusher. He can go without fear to  
11 treatment centres and receive treatment there,  
12 and if he ever becomes addicted the chances  
13 of rehabilitation for him would be much  
14 greater because of the short aberration of  
15 addiction. Thank you, Mr. Chairman, I would  
16 be pleased to answer any questions that you  
17 or members of the audience would have.

18 THE CHAIRMAN: Thank you, Mr.  
19 Maghadam. I wish we weren't so pressed for  
20 time, but I think there is a little time for  
21 questions, and then we will have to run, but  
22 we will be back here at two-thirty, and if  
23 necessary we can continue the discussion then.

24 Are there any questions now?

25 THE PUBLIC: Could somebody  
26 comment on the legislation in Britian and how  
27 that has affected the users there of heroin?  
28 I think it has just been there for about two or  
29 maybe three years. Could somebody comment  
30





1 on it please?

2  
3 DR. LEHMANN: I think you are  
4 referring to the so-called British system which  
5 is constantly being cited as a model of how the  
6 hard drug addiction problem should be handled.  
7 While the British system really wasn't anything  
8 but specifically British, they simply were quite  
9 liberal in allowing physicians to prescribe  
10 hard drugs such as opiates and morphine to  
11 addicts, if the physician felt it was the best  
12 medical judgment that was indicated for as long  
13 as he thought it was indicated. This, the  
14 physician could theoretically in Canada do too.  
15 But he would be hesitant. He might be embarrassed  
16 by questioning of the government, and most  
17 physicians here wouldn't do it.

18 Now this system has not worked  
19 out very well in Britain. They have now modified  
20 it because it soon became evident over the last  
21 few years that many or some physicians did not  
22 have the necessary judgment, and did not take  
23 the necessary precautions to prevent abuse of  
24 this system. In other words, they would give  
25 prescriptions for heroin or other opiates to the  
26 addicts for a week or so, and that was enough  
27 for the addicts then to put it on the market and  
28 deal with it as a pusher. So now the  
29 modification is that in the new system, only  
30 certain clinical facilities are empowered to treat



1  
2 addicts with opiates in Britain, not just any  
3 physician. This is the new system.

4 THE CHAIRMAN: I think now I will  
5 have to adjourn, but before I do so, I should like  
6 to note the presence with us this morning of  
7 Miss Phyllis Haslam, the executive director  
8 of the Elizabeth Fry Society and I wish we would  
9 have had time this morning to hear Miss Haslam.  
10 I wonder if she would be kind enough to come  
11 up and speak to us before we leave, and see  
12 if we can't make arrangements to hear her  
13 tomorrow.

14 Now, we are going to be here  
15 all day tomorrow. This afternoon's schedule  
16 is rather full. We are going to hear from  
17 the Jewish Family and Child Service, from a  
18 representative of the students of Western  
19 University, and from Rochdale College, and then  
20 we go tonight, of course, to Penny Farthing.  
21 But we will be here all day tomorrow and we  
22 are particularly interested in the hearing from  
23 parents and teachers, although not exclusively  
24 tomorrow. We expect the Ontario Federation  
25 of Home and School members to be here and I  
26 think it would be -- I might venture to say  
27 this in public, without having consulted Miss  
28 Haslam, and others, who may have found themselves  
29 in the same position at the moment. And I  
30 think we would welcome their contribution





1 if possible tomorrow to have the final  
2 discussion in Toronto. In any event, we will  
3 do our best to make arrangements.  
4

5 We must now run to the University  
6 of Toronto. Thank you very much, and we will  
7 be back here at two-thirty.

8 ----Upon adjourning at 11:35 a.m.  
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---Upon resuming at 2:30 p.m.

THE CHAIRMAN: Is Mr. Zemans here?

MR. ZEMANS: Yes, I am.

THE CHAIRMAN: Jewish Family and Child Service. Mr. Zemans, would you like to take your seat at the table there please. We will resume our hearing. This afternoon we are going to hear from the Jewish Family and Child Service, who is represented here by Mr. Zemans; from Rochdale College, Mr. John Bradford and from the Students' Faculty of Law at the University of Western Ontario, Mr. Craig Paterson.

We will adjourn the hearing this afternoon at four-thirty, because the Hall is required shortly thereafter for another purpose. We will, of course, be reconvening at ten tomorrow and sitting all day. This evening we will be at the Penny Farthing. It is at eight-thirty.

Mr. Zemans?

MR. ZEMANS: Mr. LeDain and members of your Inquiry, may I first thank you for this opportunity to speak to you. My name is Fred Zemans, I am a member of the Board of the Jewish Family and Child Service of Metropolitan Toronto. As you are aware, our agency approximately a year ago created in Yorkville a project known as the Trailer Project. I understand that the members of the Inquiry have had the opportunity



1  
2 of visiting the Trailer during the summer of 1969  
3 and you will again this evening have an opportunity  
4 to meet with some of our staff people from the  
5 Trailer Project. Really the staff people in  
6 many ways are better equipped to tell  
7 you some of the details of the work that has been  
8 carried on by the Trailer Project. My appearance  
9 before you this afternoon is to speak to you  
10 as a Board Member of our agency and as part of  
11 the planning group that created the Trailer Project.  
12 I take it, as you are aware, the Trailer is  
13 unique in Canada in the type of service that it  
14 has offered during the last two years to young  
15 people of Metropolitan Toronto. The Trailer  
16 was created in response to a lack of services  
17 in the downtown area of Toronto in the medical,  
18 legal and social work field, and was started  
19 nearly one and a half year ago.

20 We started because we were  
21 concerned about the great gap between our young  
22 people and the social services that were available  
23 in the large urban area of Toronto. Last  
24 summer the Trailer was parked on Avenue Road  
25 and was primarily, during its first summer of  
26 operations, dealing with medical and legal  
27 problems. As you are aware, we were very  
28 much involved in the whole hepatitis outbreak  
29 during the summer of 1968 and we were closely  
30 involved with the services offered by the Women's





1  
2 College Hospital during this crisis.

3 We also, through a group known  
4 as the Village Bar, assisted young people during  
5 that summer with defining their legal rights,  
6 and assisted those young people in obtaining  
7 legal counsel when charged.

8 This summer we have been much  
9 more involved on a social service basis with  
10 the young people, very involved during  
11 last summer, with the phenomeon

12 which has become a recent social development  
13 amongst our young people, that is known as the  
14 Pop Festivals. The Trailer staff, starting  
15 from the Toronto Pop Festival in early June,  
16 worked the various Pop Festivals in Metropolitan  
17 Toronto area and provided an emergency service  
18 for drug abuse at these particular Festivals.  
19 One of the most important innovations of the  
20 Trailer Project and certainly the point that I  
21 would like underlined to this inquiry, and which  
22 I think has to be underlined in discussing any  
23 type of social service discussing the Trailer  
24 Project; the Digger House, Cool Aid and there  
25 are other such comparable services developed  
26 in Toronto to help young people, is the fact  
27 that these services have been staffed by  
28 indigenous young people of the community and  
29 it seems imperative that if we as members of  
30 the community wish to try and really assist and



1  
2 work with our youth who are involved in the  
3 whole drug phenomenon, that we have to realize  
4 that it is incumbent upon us to utilize the  
5 services of our own young people who often  
6 have been exposed and have been involved in the  
7 drug situation and allow them to use their  
8 own expertise in dealing with other drug abusers.

9                   On behalf of the Jewish Family  
10 and Child Service of Metropolitan Toronto, I  
11 have been asked to bring to the attention of  
12 this inquiry that our agency ~~feels~~ very strongly  
13 that marihuana should be legalized in this  
14 country.     Our exposure to young people and  
15 to particularly the Yorkville phenomenon as  
16 it is known in Toronto, but even beyond that,  
17 we have carried our Trailer Project into the  
18 suburban ~~area~~ of North York during last winter  
19 and during this summer.     We find the use of  
20 marihuana to be very widespread, to be an  
21 accepted drug amongst our young people, and  
22 we go beyond the use of marihuana and ~~we~~ are  
23 most concerned about the fact that with the  
24 drying up of ~~the~~ supply of marihuana which took  
25 place during the last summer, there was a  
26 tremendous increase in the use of amphetamines,  
27 particularly the drug colloquially known as speed  
28 and we feel that this is                   a truly serious  
29 problem and that if marihuana was legalized in  
30 this country, the aura of drug use and abuse





1  
2 would be considerably lessened and that it would  
3 not push many of our young people and more  
4 disturbed members of the community into the various  
5 dangerous drugs such as the amphetamines which I  
6 referred to earlier.

7 I don't wish to speak any more  
8 at this time about the general project and I would  
9 be more than happy to answer any questions of the  
10 members of the Inquiry.

11 MR. STEIN: Could you comment on  
12 some of the observations that have been made to us  
13 in the last day by individuals, especially  
14 yesterday, from the R.C.M.P. about their concern  
15 in the increase of these drugs? In other words,  
16 you have just suggested the legalization of  
17 marihuana would cut down, if I understood you  
18 correctly, on the potential mis-use or abuse of  
19 some of these more dangerous drugs. Is this  
20 your view based on the experience at the Trailer  
21 and the youngsters in Yorkville?

22 MR. ZEMANS: I wasn't  
23 here yesterday, but I did read the evidence in the  
24 Globe and Mail this morning. It is my feeling  
25 both through my experience with the Trailer,  
26 as well as a lawyer who has had considerable  
27 experience in defending our young people charged  
28 with possession of marihuana, particularly that  
29 when the laws of a country get to the point  
30 where they are honoured in the -- I should like to



1  
2 rephrase that. I should say that when the laws  
3 of a country get to the point where a greater  
4 proportion of the population is breaking them,  
5 than those who are honouring them, and where  
6 young people do not feel that there is anything  
7 the matter with taking marihuana and where the  
8 community cannot get any real validity for the  
9 law, other than the fact that it is the law,  
10 then we are developing in our young people a  
11 very serious misunderstanding of what the  
12 whole legal process is about. In other  
13 words, as a lawyer I don't want to have a client  
14 come in to me and say, "Well, this is the law  
15 and this is what you have to do." There  
16 has to be some rationality to the law.

17 Now, as to your question as to  
18 whether or not legalization of marihuana would --  
19 would or would not take the young people into  
20 other more serious drugs. My understanding  
21 is the R.C.M.P. officer who testified yesterday,  
22 his theory was that people who take marihuana  
23 are much more subject to become heroin users.  
24 He also, as I understood his evidence, admitted  
25 that people who drink are much more apt to become  
26 alcoholics. The only evidence that I can  
27 really give you to help you in this regard is  
28 that we have found that there is no doubt  
29 about it, that the speed community is a growing  
30 phenomenon within Toronto. We also found this





1  
2 summer it was growing much faster because of  
3 the very tight supply of marihuana. And I  
4 think, as the Inquiry is aware, speed is  
5 an addictive phenomenon and it is my opinion  
6 that, number one, if the aura and the stigma  
7 of the illegality of marihuana was removed,  
8 many more people probably would try and end  
9 there. I think often, like so many things,  
10 people get involved with marihuana because  
11 of the fact that it has a certain aura about  
12 it. Now, as far as the number of young people  
13 moving from marihuana to the more serious  
14 drugs, I think that we have found that the  
15 people who become really involved in these more  
16 serious drugs are the truly disturbed young  
17 people of our society. The people who end up  
18 involved in these situations are people who  
19 are really the social outcasts of society.  
20 These are what we call our "garbage dump kids".  
21 These are our kids who are really the result  
22 of very disturbed home backgrounds or had  
23 been wards of the Children's Aid Societies  
24 and they have never really had any kind of  
25 a break from society and their  
26 involvement with marihuana is not  
27 really what led them to the drugs such as speed  
28 or to heroin. It has been much more fundamental  
29 and serious -- and a serious emotional problem.  
30 I hope I have answered your question.





1 THE CHAIRMAN: Dr. Lehmann?

2 DR. LEHMANN: You just said that it  
3 is a very sorry state for the nation, and I believe  
4 as you do, where you have laws that you cannot justify.  
5 You cannot just simply say, "Well, it is a law and  
6 you simply just do it". Would it be fair to say  
7 that these laws in your opinion cannot be justified,  
8 or would you say we have badly failed to communicate  
9 a convincing justification?

10 MR. ZEMANS: Well, as a person who  
11 has had considerable exposure to young people, and  
12 who is involved with young people daily and also deals  
13 with them on various levels, my own personal opinion  
14 is that this is a law that just cannot be justified.  
15 From my own readin--and I have made every effort  
16 to inform myself about it, because I am asked this  
17 question by young people,--I have found no medical  
18 evidence to indicate to me that there is anything  
19 seriously the matter with the using of marihuana.  
20 And I also think that the illegality of marihuana,  
21 certainly in this country, is something that has  
22 grown up in spite of our tradition as a commonlaw  
23 European nation, and an outgrowth of our traditions,  
24 and that in the last half of the Twentieth Century  
25 it is just no longer relevant legislation, and  
26 I don't think it is just a  
27  
28  
29  
30



1  
2 question of putting the information to the public.

3 DR. LEHMANN: Then may I follow  
4 up with one step further based on this: Would  
5 you feel that the legislation about prescription --  
6 the need for prescription for tranquilizers  
7 should be revised because -- well, it has been  
8 pointed out that a lot of people take regularly  
9 tranquilizers and many of them have been  
10 introduced to it by doctors' prescriptions and  
11 doctors ~~should~~ be warned to be more careful.

12 Now the question is,  
13 should there be any prescription  
14 law for tranquilizers, because if people want  
15 to take tranquilizers, why shouldn't they?  
16 They are not given to be more harmful, I would  
17 think, than marihuana. So should the whole  
18 civil liberty be revised and these tranquilizers  
19 for instance, taken off and a lot of other  
20 drugs -- be taken off the prescription list?

21 MR. ZEMANS: I am not really  
22 in a position to talk about the addictive qualities  
23 of tranquilizers, neither scientifically or  
24 medically. As I mentioned, I am a lawyer.  
25 I do agree with you that it is shown scientifically  
26 that if these tranquilizers are not addictive,  
27 in that they are not dangerous, then they should  
28 be made available to the public.

29 DR. LEHMANN: Well, they can  
30 be produced, of course, like anything else, like





1 marihuana, these tranquilizers can be abused.  
2  
3 Is that any reason to keep them on the prescription  
4 list?

5 MR. ZEMANS: I would say, obviously,  
6 no. I would have to follow my point through  
7 there. Just as the Commission is aware, so  
8 can alcohol be abused and we all know of the various  
9 problems which develop from over-use of alcohol.  
10 But we have had to learn to live with that, and  
11 I would say similarly with marihuana.

12 THE CHAIRMAN: In the case of  
13 alcohol, we have an age limit. Do you  
14 contemplate any age limits for marihuana where  
15 the regulations would be changed?

16 MR. ZEMANS: I think we have  
17 to realize that our whole age limit system, as  
18 far as minors in this country has to be  
19 re-evaluated. I think it is absurd when  
20 Parliament is talking that lowering the voting  
21 age to eighteen or nineteen, that we still have  
22 the age of twenty-one as the age of majority,  
23 vote in law, and certainly as far as drinking  
24 age is concerned. I think that many of the  
25 problems that are facing our young people are  
26 problems that we don't recognize the fact that  
27 these young people are much more mature, much  
28 more sophisticated and much better educated  
29 at the age of sixteen or eighteen than many of  
30 us were. I would say yes, that there probably



1  
2 should be an age limit. I don't think that it  
3 necessarily should be twenty-one. I would  
4 submit that it should be closer to sixteen or  
5 eighteen.

6 THE CHAIRMAN: Well, it has been  
7 said to us, we haven't had a chance to evaluate  
8 the basis of it, to prove it, but I think it has  
9 been said to us, that the peak year of youth,  
10 experimentation, someone said is Grade 9, which  
11 I assume is not ~~more~~ than fourteen years of age  
12 here. If the age limit were placed above  
13 that, would we still not have a social problem  
14 of serious questions to deal with?

15 MR. ZEMANS: I don't know who  
16 said the peak age was around fourteen or fifteen,  
17 but ---

18 THE CHAIRMAN: Well, whether or  
19 not it is peak, I think no one denies that there  
20 is considerable use at that age ---

21 MR. ZEMANS: Oh no, I agree  
22 with that. I have appeared in Juvenile Court  
23 with a great number of these young people of  
24 that age. I still feel that there are  
25 certain age levels which we have the right to  
26 say that certain things cannot be done until.  
27 Now in other words, I am not prepared at this  
28 particular point to say that marihuana should be  
29 legalized for anyone over the age of ten.  
30 It may very well be that it should be legalized





1  
2 over the age of thirteen. I am not prepared  
3 to say yes or no to that. It could very well  
4 be that we would accomplish much more by legalizing  
5 it right down to the age of fourteen.

6 THE CHAIRMAN: Well, why do you  
7 even contemplate an age limit if it is harmless,  
8 if there is no connection or if it doesn't in any  
9 way predispose any other drug use or undermine  
10 one about to try <sup>an</sup> other drug use? If there is  
11 contagion as the R.C.M.P. has suggested, why  
12 do think that an age limit is relative at all?

13 MR. ZEMANS: Well, I think as  
14 Dr. Lehmann indicated, a few minutes ago,  
15 there are certain ages when people are  
16 able to exercise discretion in use of things.  
17 I say that there is nothing addictive about  
18 marihuana physically. I think that there is  
19 no doubt that marihuana may have certain emotional  
20 addictions and I don't feel any more than,  
21 that I would like to see young people being  
22 able to drink in public at the age of fourteen  
23 than I would like to see them have access to  
24 marihuana at that age. I just don't think  
25 that they are able to cope with certain choices.  
26 But I think at the age of fifteen or sixteen,  
27 they might very well be able to.

28 THE PUBLIC: Much of your  
29 testimony has been concerned with going down to  
30 youth. I would also like to ask you if





1  
2 you're finding evidence it is spreading to older  
3 ages, over twenty-five, etc.

4 THE CHAIRMAN: I am sorry, I  
5 didn't hear you very well. Could you speak a  
6 little more closely to the microphone?

7 THE PUBLIC: The Trailer -- the  
8 people from the Trailer indicated that most of  
9 your questions were concerned with the spread  
10 down to the youth, to Grade 9 for example. You  
11 mentioned that being the optimum age or mode  
12 at which it is in use. I would also like to  
13 ask if you are finding out that its use is  
14 spreading to older ages, to older age groups also.

15 THE CHAIRMAN: Yes, we are  
16 receiving that impression. We don't really  
17 have any sense of the rate of it, but certainly  
18 that is being said throughout and we hope, as  
19 part of our research, to try to determine the  
20 extent of drug use and what is often  
21 referred to as the young adult population.  
22 We are told it is difficult to penetrate, but  
23 we are told that we should, that there is a  
24 significant increase.

25 MR. ZEMANS: Excuse me, yes?

26 MR. CAMPBELL: Mr. Zemans, the  
27 point has been made to us a lot of times in the  
28 last two days, I think principally by students,  
29 that not only is marihuana and cannabis to be  
30 thought of as not particularly a dangerous drug,



1 but beyond this, that it is a drug with very  
2 distinct merits, both for the individual and  
3 for the society. The point was made to us  
4 again over the lunch hour in that session, that  
5 these drugs have a basis  
6 for new integrations of perception, new experiences  
7 for the individual, that are distinctly beneficial.  
8 I wonder if you would like to comment on this  
9 type of assertion from the experience that you have  
10 had?

11  
12 MR. ZEMANS: I really think that  
13 the only person who can answer that question is that  
14 person who has had considerable exposure to the  
15 use of marihuana. Certainly there is no doubt  
16 in my mind that some of our brightest, some of our  
17 finest young people, are very much involved in  
18 what may be characterized as the marihuana culture,  
19 that the people that I come into contact with,  
20 both professionally with people who have been  
21 charged with possession, people who are known  
22 users of marihuana, or people who I think, have  
23 some of our finest minds in Canada. Now  
24 whether that means that because of the use of  
25 marihuana, that their intellectual powers have  
26 been increased or their creative ability, I  
27 don't think that anyone can make an honest  
28 statement on that point. Really, what I am  
29 saying, I think that we have to accept the fact  
30 that it is being used and that the effects of it





1  
2 are not harmful. The last person that asked --  
3 and I think Mr. LeDain said we have no statistics  
4 on the age of users ---

5 THE CHAIRMAN: Excuse me, there is  
6 a young lady standing with her arm in a sling and  
7 I am concerned that she might be tired. Could  
8 you sit while we ---

9 THE PUBLIC: I am all right.

10 MR. ZEMANS: Just in answer to the  
11 last question, as to what age distribution, these  
12 were compiled last summer and we found the largest  
13 number of people that we were dealing with were  
14 the ages of sixteen, seventeen year old age group.  
15 These were the people we have exposure to, and  
16 who were using our service. That again  
17 does not necessarily mean that there are not many  
18 other members of the community who are smoking or  
19 using marihuana privately and are not involved  
20 in the downtown Yorkville situation. They were  
21 just obviously not in need of our kind of service.  
22 Our service is primarily directed to the young  
23 people, and although we did a sample out of a  
24 hundred and twenty people, there were approximately  
25 twenty-five that we came in contact with.

26 THE PUBLIC: I would like to say  
27 something against the use of marihuana although I  
28 think it should be legalized.

29 I think it should be legalized  
30 because I don't think kids should have to go to



1  
2 jail or to mental institutions as I ended up, thanks  
3 to the Jewish Family and Child Service when I was  
4 twelve, thanks to marihuana. But I have had  
5 bad experiences myself, and I know lots of other  
6 kids who have been really confused and mixed up,  
7 and of course -- you get into it and you can't  
8 stop, and you think it is a good thing and you get  
9 really confused and you are just taking it by  
10 yourself. And I know people who have ended up dead  
11 on it -- about three of my friends. And I think  
12 it should be legalized, but I don't understand  
13 why everybody is going out of their way to point  
14 out the harmlessness.

15 THE PUBLIC: You spoke about  
16 abuses and I would just like to say that there  
17 are things like alcohol that can be abused, but  
18 they all have age limits. Well, all things can  
19 be abused, kitchen knives can be abused, so many  
20 things can be abused today, that any person who  
21 wants to get their hands on it, can get his hands  
22 on it. I mean so many ways that kids  
23 can get themselves messed up right now in the  
24 legal structure and you posed the question --  
25 the man from the welfare agency -- that why should  
26 there be any age limit.

27 Well, what I would like to say  
28 there, is that kids, actually between twelve and  
29 thirteen, it is not just a matter that they can  
30 get messed up on marihuana, they can get messed up





1  
2 on so many things, kids five years old can get  
3 messed up walking out the front door and down the  
4 steps. They can get killed. I was just trying  
5 to point out right now, that there are so many  
6 things that can be abused, and as far as the  
7 age limit goes, there are so many people who are  
8 very young, who can get messed up, and so many  
9 other things that I don't think there is a valid  
10 point in saying that marihuana should not be made  
11 legal.

12 THE CHAIRMAN: Dr. Lehmann?

13 DR. LEHMANN: Well, just to follow  
14 this up then, certainly kids can be killed by  
15 going across the street. But then the responsibility  
16 rests with the parents, not with the Government.  
17 I still wonder why there should be any restriction  
18 at all, why it cannot be left to the parents  
19 if we want to be consistent.

20 THE PUBLIC: To follow up with  
21 that, I don't think there are enough responsible  
22 parents around to make sure, or kids would not be  
23 getting killed in the streets or burnt on the stoves  
24 because their parents would be responsible enough.  
25 But obviously they are not.

26 THE PUBLIC: One of the questions  
27 I would like to ask. You mentioned earlier that  
28 you believed that people involved in the Trailer  
29 are people involved in the drug scene, are the only  
30 people who can help these young people, and later you





1 said that people who get involved in the harder  
2 drugs are usually the people who are -- or who have  
3 deep-seated emotional problems? Do you see  
4 what I am getting at?

5 MR. ZEMANS: I think you misunderstood  
6 or perhaps I didn't amplify my remarks sufficiently.  
7 When I said that the staff were involved in the  
8 drug situation I meant -- or what I hope I  
9 conveyed was that the staff were younger people  
10 who were very familiar with the drug scene.  
11 They aren't people who are involved or deeply  
12 involved in the drug situation. They are people  
13 all who have developed a rapport with the  
14 young people involved in the drug scene, a rapport  
15 which I, or the rest of the community who has  
16 attained the age of thirty, which is, you know,  
17 beyond the age of credibility, could not possibly  
18 obtain. So I am saying that they  
19 are indigenous people to the population.  
20 In other words, they don't wear shirts and ties  
21 and they can be readily accepted by the community.  
22 I didn't mean to say, by any means, and certainly  
23 not in the presence of the staff which have  
24 done such a fantastic job, that they themselves  
25 were people who were in any way involved in the  
26 drug situation.

27 THE PUBLIC: Are you suggesting  
28 any training for these people?

29 MR. ZEMANS: I think that we have  
30



1  
2 found that on-the-job-training has become the  
3 best training. We feel that by having young  
4 people as the front line, so to speak, in other  
5 words, they are on the firing line, backed up  
6 by a professional agency, tied in with the social  
7 agencies. In other words, we have a social  
8 worker who is in charge of running the agency.  
9 She is the sort of person when they need her  
10 at any time, any day of the week, any hour of  
11 the night or day.

12 But the people who are actually  
13 dealing with the problems, who are developing an  
14 expertise in dealing with the young people involved  
15 in drug abuse, are the young people, the five  
16 young people who were actually the  
17 staff of the Trailer Project, and I think it has  
18 become evident at these various Pop Festivals  
19 where there was considerable drug abuse,  
20 particularly at the Toronto Pop Festival, that  
21 there was no one else within the Toronto  
22 community that had the expertise available other  
23 than really the young people and the back-up  
24 services which they had developed during the  
25 summer.

26 THE PUBLIC: It has been my  
27 experience that most of these people, like Trailer  
28 and like Cool Aid are having trouble getting the  
29 backing from the agencies. I work with one  
30 of them myself and we are getting screwed in Court





1  
2 and that sort of thing because we  
3 can't get the money and I hope you are suggesting  
4 that large agencies stretch their neck out a little  
5 bit to support the Trailer and Oolagen and Digger  
6 House .

7 MR. ZEMANS: Surely the reason I  
8 am here today is because of the fact that our  
9 agency started this project because of the fact  
10 that we were concerned that there was this great  
11 gap between the agencies, of the agencies that  
12 sit downtown and the young people who have  
13 great problems. And I am pleased to report that  
14 last summer when we started the Trailer we  
15 had back-up services from approximately twelve  
16 communal agencies. During this last summer  
17 there were over twenty-three Toronto agencies  
18 that were specifically involved in providing  
19 communal resources for the Trailer Project, and  
20 this is why this Project was created.

21 MR. CAMPBELL: When you say it  
22 is the policy of your organization for the  
23 legalization of marihuana, could you tell me  
24 something about who in fact you are speaking for  
25 in this. Are you speaking for a Board of Directors  
26 of twelve people, or a much wider base than this?

27 MR. ZEMANS: The Jewish Family  
28 and Child Service has a Board of Directors of over  
29 thirty-five people. We also involve in our  
30 program, particularly in working with the Trailer



1  
2 Project, and other team members of the community.

3 I can't say that I really speak for any greater  
4 group than that particular number. We aren't  
5 a grass-roots kind of communal organization in  
6 the sense that we have a large mass membership.

7 MR. CAMPBELL: Would this Board  
8 of Directors over thirty, these are for the most  
9 part people that would be recognized in the City  
10 as solid middle-class and straight people?-----

11 MR. ZEMANS: Definitely. They  
12 have trouble accepting me.

13 DR. LEHMANN: Mr. Zemans, you  
14 have just told us about the encouraging back-up  
15 services you had from the social agencies. What  
16 about the back-up services of hospitals, clinics,  
17 physicians, probation officers?

18 MR. ZEMANS: There is no  
19 doubt that this is a tremendous problem  
20 within the services. During our first  
21 operation, much of our professional staff as well  
22 as our lay people involved in this project  
23 was trying to make inroads into the hospitals  
24 so that we could have places where we could take  
25 young people who were truly in need of hospitalization.  
26 In the Toronto community the Ontario Hospital,  
27 999 Queen, has done a great job of pioneering  
28 in this particular area and I would remiss if  
29 I didn't mention the name of Mr. Bill Clements  
30 who has done an outstanding job in this particular





1  
2 area. But much of the time of our professional  
3 staff has been now directed to educating other  
4 communal agencies. We just have not had the  
5 exposure, including members of the medical  
6 profession, in dealing with young people involved  
7 in drug abuse and we feel and we consider it one  
8 of our prime responsibilities to educate other  
9 social agencies. Miss Johnson, who is the  
10 director of the Trailer Project, spends much of  
11 her time lecturing to social workers, to medical  
12 groups, to nurses, to teachers, to other areas  
13 in the community in Toronto and to develop some  
14 understanding of these problems.

15 THE CHAIRMAN: Yes?

16 THE PUBLIC: As the director of  
17 the Rochdale free clinic, I can  
18 say at the present time we are not having any  
19 problems with admittance into hospitals  
20 with people with drug problems, serious  
21 medical problems and drug problems that require  
22 professional treatment, which require hospitalization  
23 because they have either long hair or they are  
24 stoned. This has come a long way. We have  
25 gone through many, many hassles with these  
26 organizations, with the higher echelons and these  
27 hospitals, of admittance of these people who  
28 are on the road to straightening this out. It  
29 is just a matter of -- our meeting and discussing,  
30 it is a matter of communication and it seems that





1  
2 most of our problems with admittance into the  
3 hospitals with these people lies with receptionists  
4 and to lower people on this scale in the hospital  
5 **hierarchy** itself. These are being straightened  
6 out and at the moment we are doing rather well  
7 in regards to this.

8 MR. CAMPBELL: Mr. Zemans, occasionally  
9 we use two words, drug use, but I have also heard  
10 you use the words drug abuse. What do you mean  
11 by drug abuse?

12 MR. ZEMANS: I think that the  
13 term drug abuse is the term that I use when I am  
14 talking of the young person who either is taking  
15 drugs and has no idea of what, he is  
16 taking, and gets himself into very serious  
17 difficulties, or the young person whom I categorized  
18 as a person who is in serious difficulties  
19 emotionally or physically or both and the drug  
20 use is only the indication of this  
21 problem which is more serious and that type of  
22 person who is using drugs to the extreme and  
23 is therefore in the category  
24 of the alcoholic. I use the term drug use of the  
25 normal, social -- to be comparable to the social  
26 drinker and drug abuse to be the person who is  
27 misusing drugs.

28 THE CHAIRMAN: Mr. Zemans,  
29 do you think that there should be Government  
30 support for the kind of social service you have



1  
2 been describing, or should it be left to private  
3 charitable support or a combination of both?

4 MR. ZEMANS: I feel very strongly...  
5 that it is the responsibility of the Government  
6 of this Country, both municipally, provincially  
7 and federally to support the development of these  
8 kinds of projects. If I may digress slightly  
9 from my talk about the Trailer to another  
10 comparable communal agency, which I also am  
11 very involved in, and still am, which is the  
12 Digger House, which is a small residential treatment  
13 centre for twelve young people in downtown Toronto.  
14 Through several of us, we have just obtained  
15 an eighty thousand dollar grant from the federal  
16 government through the Department of Health  
17 and Welfare, under their innovative projects,  
18 for the Digger House. This grant is over a  
19 three year period, so that this house can hopefully  
20 become a demonstration project for other types  
21 of such innovations throughout Canada.

22 Now, the funds for the Trailer Project,  
23 and I would like to emphasise this to the Inquiry,  
24 despite the fact that our agency, the Jewish Family  
25 and Child Service started to be a communal  
26 project and went outside of the normal type of  
27 services provided by our agency, which is  
28 primarily and solely directed to the needs of the  
29 Jewish community. This was a project directed  
30 towards a total community, and to assist the total





1  
2 community, because we felt that no one else  
3 in the community was fulfilling this need. We  
4 therefore went to the total community to raise  
5 funds, and we have obtained from the Municipality  
6 of Metropolitan Toronto from their Welfare Committee,  
7 a grant of five thousand dollars for two years.  
8 Last summer, after our first summer of operation,  
9 we got a five thousand dollar grant very late  
10 in the year, at a time when they usually don't  
11 give grants, because of the fact that they  
12 recognized this pioneering work we were doing  
13 in this area. This year our funds came from  
14 the Municipal Government, from the Provincial  
15 Government, from the Alcohol Addiction Research  
16 Foundation, who have been of great assistance to  
17 us, and gave us a grant of twelve thousand dollars  
18 for this year, and we have also been given funds  
19 in the amount of nearly ten thousand dollars from  
20 the United Community Fund of Metropolitan Toronto,  
21 again from their innovative projects area.

22 THE CHAIRMAN: Well then, apart  
23 from this broad source of financial support,  
24 should this service become a part of  
25 our public health services?

26 MR. ZEMANS: When we  
27 started this project, we felt that we were  
28 merely conceiving a child that we hoped would be  
29 adopted by the total community. We didn't see  
30 it as the function of our agency to be really



1 running the type of service that the Trailer was  
2 providing. But many of us are activists, and  
3 we felt that rather than sitting around and  
4 waiting until the community was ready to adopt  
5 this, the thing had to be created. We still  
6 believe, and I think it will be adopted as  
7 part of our total pattern of social services  
8 under either the Social Planning Council of  
9 Metropolitan Toronto which was always involved  
10 in the planning of this particular project or  
11 under the Alcohol and Drug Addiction Research  
12 Foundation or even as a separate type of  
13 agency itself. I mean we had no idea.  
14 It has always been our feeling that Trailer is  
15 not just a physical place parked in Yorkville.  
16 It is now closed for the winter. We have  
17 always felt it as a concept. And we are now,  
18 during the winter months, going to move where we  
19 see the need. We are, as I mentioned earlier,  
20 involved in several areas in North York and  
21 Metropolitan Toronto, and we were involved in  
22 one of the Drop In Centres at one of the high  
23 schools in North York during the summer and  
24 we feel that there has to be a much more flexibility,  
25 the types of social services that we make  
26 available, and that the staid old type of  
27 social services just are not answering the need.  
28 Social workers and social agencies have to be  
29 willing to get out of their offices and get out  
30





1  
2 and meet people. And the type of work that is  
3 characterized by the detached social worker,  
4 this has to be the becoming function. And when  
5 we ask what kind of training do we need, obviously  
6 some times our young people who are coming to  
7 us and working for us, right out of high school,  
8 can provide the kind of social service required  
9 much better than some of our professionally  
10 trained social workers and other professional  
11 workers.

12 THE CHAIRMAN: Have you any ideas  
13 about how we can help with the problem of  
14 producing reliable information and making it  
15 readily and widely available in a timely fashion --  
16 reliable information about drugs -- what is  
17 happening, changes in drugs, impurities,  
18 contamination risks. Have you given any  
19 thought to that problem?

20 MR. ZEMANS: It is a very serious  
21 problem, and it is something that we in the Trailer  
22 have become very involved with during the summer.  
23 One of the great problems is in testing the types  
24 of drugs in circulation, trying to make this  
25 information available to the community. There  
26 is great difficulty in getting drugs tested fast  
27 enough so that the information can be made  
28 available to people while the drug is still in  
29 use, and during the summer we find we were doing --  
30 had to do much of the testing -- or find laboratories





1  
2 to do the testing. We just could not get the  
3 public testing facilities to do the work sufficiently  
4 and quickly. And we were trying to get this  
5 information and we were circulating it to the  
6 community and posting it in our Trailer. Also  
7 you may have seen the Trailer cards that we were  
8 circulating to young people giving them the  
9 information on drug use, other information, as  
10 to the type of problems that they may encounter.  
11 Again, I feel this is another area which you  
12 have to often use. The young people themselves  
13 who were there in the forefront of the leadership  
14 of their generation, they are the ones who have  
15 to do the circularizing and the education.

16 THE CHAIRMAN: There is a gentleman  
17 standing there?

18 THE PUBLIC: Hello. I would like  
19 to suggest to the Commission that drug use and  
20 abuse has become widespread in a large part of the  
21 general population, and if it was made legal  
22 there would have to be ~~great~~ government restriction  
23 on use and administration. The government  
24 would have to take over administration and use of  
25 drugs as with the Liquor Boards of the various  
26 provinces, and it seems to me that with this  
27 there would be an elimination of many bad trips and  
28 freak outs which often lead to vegetables like  
29 you find in 999 Queen Street. This seems  
30 to be a major problem of impure LSD and other



1  
2 chemicals, that this is one of the major reasons for  
3 freak out problems, hang ups. Thank you.

4 THE CHAIRMAN: Are there any  
5 other questions? Thank you very much, Mr.  
6 Zemans. Oh, excuse me?

7 THE PUBLIC: I think that Mr. Zemans  
8 made one mistake. I worked for the Trailer and  
9 we found that towards the summer the money that  
10 the Addiction Research had given, I believe, for  
11 the laboratory, paid off, because we had very  
12 good drug testing facilities, far better than  
13 ever before. There was a slow down towards the  
14 end of the summer, but we did have some  
15 facilities, so we did not have to do the chemical  
16 analysis ourselves.

17 MR. ZEMANS: The young lady who  
18 just spoke, was one of our workers during last  
19 summer and did an outstanding job working under  
20 terrifically difficult situations and under  
21 extremely high pressures. And when I said earlier  
22 I meant very sincerely that I think that these  
23 are the type of young people who we have to  
24 encourage and that we owe a great debt to  
25 people such as the one who has just spoken and  
26 also to people who are going out and  
27 trying to assist their own generation in a  
28 very difficult time. I think that sometimes  
29 in this kind of a setting where we are always talking  
30 about the problems of the young people, I think





1  
2 that too few people stop and really realize  
3 that we have produced an outstanding generation  
4 of young people, many of whom I think, have a higher  
5 sense of social justice and morality than their  
6 older generation. And I think that the role of  
7 our community is to try and give young people  
8 through the Company of Young Canadians, through  
9 other social agencies in the community, to really  
10 try and reform the society, which they criticized  
11 and often with just cause.

12 THE CHAIRMAN. Thank you, Mr. Zemans.

13 Now, I would like to call upon  
14 upon Mr. John Bardford, who is the President of  
15 Rochdale College. We might say that while we are  
16 waiting for him to be seated, I may say the  
17 Commission is very impressed with certain statements  
18 that have been made in the last half hour, concerning  
19 the effects of drug use. Some of them were  
20 statements that we have heard for the first time,  
21 that is of the serious consequences of cannabis use,  
22 references to drugs. We would be very grateful  
23 if those who have this knowledge, could take a  
24 moment to summarize it on paper, and send it to us.  
25 Things can be sent to us anonymously, but we would  
26 like this for our records, if you would be good  
27 enough to do that.

28 Yes? Could you speak a little  
29  
30



1  
2 closer to the microphone?

3 THE PUBLIC: One brief question  
4 I would like to confirm those death's attributed  
5 to cannabis---

6 THE CHAIRMAN: Would the lady who  
7 referred to this, care to elaborate on this?  
8 If not, there is a way we could take this evidence  
9 privately, but would you feel free to elaborate  
10 on what you said about these drugs? I think a  
11 lot of us are very interested at this point in what  
12 you said.

13 THE PUBLIC: I didn't mean to  
14 imply that there was any physical consequence from  
15 them using grass or anything like that. But if  
16 someone gets confused enough or freaks out enough,  
17 anything can happen. You know, there are people that  
18 I have known who have died in that way--suicide or  
19 unknown cause of death, and stuff like that.

20 THE CHAIRMAN: What were the drugs  
21 used, people are asking, what were the drugs they  
22 used in those cases?

23 THE PUBLIC: Well, they were  
24 people who used grass and hash consistently, you  
25 know.

26 THE CHAIRMAN: People who used  
27 grass and hash consistently.

28 Yes. As I say, if this lady who  
29 has made the statement could make contact  
30



1  
2 with our staff, I think we would appreciate  
3 that. We could use this information, and it  
4 may be important for us to have this information  
5 to determine as much as we can what cause and  
6 relationship there might be there, where there  
7 are other drugs involved.

8 Now, this is general discussion  
9 as I take it, following what Mr. Zemans said --  
10 well, may I just say this? I think we should  
11 have an opportunity for this if we can, before  
12 we conclude at four-thirty, and please draw it  
13 to my attention, but I think we should give  
14 Mr. Bradford an opportunity now. Mr. Bradford?

15 MR. BRADFORD: Mr. Chairman,  
16 I would like to say one thing before we start  
17 our presentation and that is, if the Commission  
18 is going to take evidence to the effect that  
19 people who are regular users of hashish and  
20 happen to die, that that is evidence for this  
21 Commission. I would just like to remind the  
22 Commission that it is a very very difficult but  
23 important thing to do -- to distinguish between  
24 correlational evidence and causal evidence.  
25 I am President of Rochdale College. Rochdale  
26 College is an eighteen storey high-rise building  
27 on the corner of Bloor and Huron Streets.  
28 This is Jack Jones, the Minister of Information,  
29 Paul Evitts, Secretary, Jim Garrard, council  
30 member and Director of Theatre Masse Muraille.





1  
2 This is a preliminary report<sup>1</sup> that,  
3 we will give today. We are preparing a rather  
4 large written report, which you will receive  
5 when we finish it. We take the job of  
6 this Commission very seriously and so we are here,  
7 and we are here not to justify the myths and  
8 alleged behaviours that we heard discussed in the  
9 last paper, and the papers before that, and  
10 that we read in the papers. Nor are we here  
11 to accept the kinds of questions that are  
12 being asked about drugs, and drug behaviour, but  
13 rather we are here to describe the kinds of  
14 behaviour that happened in the so-called drug  
15 subcultures, distinguished between reprehensible  
16 drugs and behaviours and non-reprehensible ones  
17 and provide a rationale for the behaviour that  
18 is seen in the drug subculture. And we tend  
19 to do this by asking questions, putting questions  
20 the other way around, or asking new questions, we  
21 hope.

22 The assumptions we come with, is  
23 that we come with experiential knowledge and  
24 that experiential knowledge is one of the most  
25 important sources of information about the  
26 so-called non-medical uses of drugs. The kind  
27 of experiential knowledge that we have, is intro-  
28 spective in nature, observational  
29 in a so-called sub community, and a rather  
30 comprehensive knowledge of the scientific



1  
2 research that is available. Our second major  
3 assumption is that this society in general in  
4 Canada and North America, is a drug culture, and  
5 the questions you are asked today is: "who makes  
6 the choice and which drugs do you choose"? I  
7 think that perhaps the best way to begin is by a  
8 brief toxicological classification of drugs.

9               There are a certain number of drugs,  
10 phenobarbitals and so on, which these gentlemen  
11 obviously know the names of, and where they fit. We  
12 are not going to talk too much about those. They  
13 are used in our clinics sometimes to ease people  
14 off of the so-called bad trips. But the use is not  
15 very prevalent in our part of the subculture.

16               There are other drugs which fall into  
17 the general classification of central nervous system  
18 excitements. The most popular of these are the  
19 amphetamines, speed. We will talk about speed as much  
20 as you want, and we would like you to question us  
21 quite severely on speed. Speed is a dangerous drug.  
22 It kills people,--housewives and hippies. There is  
23 another set of drugs popularly called hallucinogens;  
24 LSD 25 is the one most popularly referred to. We  
25 will discuss the use of this, the motivations probably  
26 for using it, and also things like mescaline, peyote  
27 and so on, and finally good old cannabis.





1  
2  
3                   When we talk about marihuana, we  
4 assume that KIF, GANJA, so on and so forth, anything  
5 that we deal with, that has cannabis, in it, that  
6 is what we refer to when we speak about marihuana.  
7 Someone says, I guess, we come as representatives of  
8 this epidemic we read about in the paper yesterday.  
9 I think that perhaps the most important thing to  
10 think about when one considers the question of non-  
11 medical use of drugs, is what the frame of reference  
12 is in you are considering this question. And I  
13 think the parameters of the questions that you are  
14 asking include things like sociological attitudes,  
15 attitudes of young people, attitudes of our  
16 representatives of the drug community. The average  
17 age of the representatives sitting before you is  
18 thirty-two; the average age of our Board of Directors  
19 is thirty-one. Young people's attitudes, attitudes  
20 of parents, attitudes of government, and not only  
21 attitudes to drugs, but attitudes to society in  
22 general.

23                   I think that what you are dealing  
24 with is something which may be classified as viable  
25 cultural and social alternative. In terms of its  
26 structure, in terms of its definition or description,  
27 its legality, in terms of its social organization,  
28 in terms of the question it allow itself to ask about  
29 itself and its members     We again will talk about those  
30



1  
2 attitudes in the question period, because I think  
3 it is important that you gentlemen ask these  
4 questions rather than us stick a point of view  
5 down your throat, or try to.

6 Those kind of questions you ask  
7 I think again, boil down to three subcategories.  
8 You can ask questions, experiential questions, of  
9 people who have experienced the problems, and  
10 you can ask social and legal questions which  
11 have a different point of view,  
12 necessarily because they proceed with different  
13 assumptions and different axioms; and then you  
14 can ask research questions. In this regard,  
15 we at Rochdale College, we are setting up a  
16 laboratory to study the biochemical and neuro-  
17 psychological changes accompanying cannabis  
18 and LSD and correlate these with changes in the  
19 behaviour. I think my part is now finished.  
20 Mr. Jones or our Minister of Information has  
21 something to say, and then we are open to question.

22 THE CHAIRMAN: Mr. Jones?

23 MR. JONES: Yes, my name is  
24 Jack Jones and I am the public information officer  
25 of Rochdale. I came to Rochdale from the  
26 straight world a few years ago. I am  
27 thoroughly familiar with both sides of this  
28 question. I was for the most part all my life  
29 a business executive, public relations director.  
30 I know all about the booze culture. I have a





1  
2 feeling I had -- I also at one time attended  
3 the University of Toronto and a professor told  
4 me something I have never forgotten--that a  
5 Royal Commission is a very useful device, and  
6 one of the few reasons they can justify the  
7 monarchy. It is the Queen's or King's way  
8 of getting directly to the people by-passing  
9 the civil service, the government of the day,  
10 and allowing the Commission to speak directly  
11 to the citizens. It seems to me this could be  
12 a little more direct, this hearing seems to me  
13 to be too formal and too heavy. We are  
14 not talking about death, we are talking about  
15 drugs and if this conference -- I am not old  
16 enough to remember the Royal Commission on the  
17 Liquor, but when that was held, people were talking  
18 about whether or not we should legalize booze  
19 I bet it was a lot happier than this.

20 My experience, coming from a  
21 booze culture and getting into the world of --  
22 which is mostly a world of young people, in to  
23 the drug world was a surprising one, because  
24 I found that everybody is a head. John just  
25 described our culture as a drug culture.  
26 It always has been, and especially today. It is  
27 very heavily a drug culture. Everyone is doing  
28 drugs. The kids today call everyone, in a nice  
29 way, "heads", and there are pot heads, acid heads.  
30 These are really nice terms. These are terms





1  
2 --they are very friendly terms, it means the  
3 nice people, and I found that I was a juice head.

4  
5 Now I hope for the members of the  
6 Commission, that all of them, and I mean this quite  
7 sincerely, may take advantage of this trip that they  
8 are doing to try the drug really and seriously to  
9 try them and find out what they are like.  
10 Cannabis is a very happy drug, people enjoy it and  
11 it is a very happy drug. The first time I encountered  
12 it as a social profession, I was astonished to find  
13 how relaxed, how friendly and how nice. I wanted to  
14 laugh it up and slap people on the back, and I  
15 didn't know how to behave except at a cocktail party,  
16 because that was my only experience. I found that  
17 gatherings where people are smoking marihuana to  
18 be quite happy and to be quite relaxed and to be  
19 friendly, and I would say a lot more sensible and,  
20 to my certain knowledge, without penalties--  
21 without hangovers. So there is my joyful note.

22  
23  
24  
25  
26  
27  
28  
29  
30  
gathered here with us  
today, as John said, experiential people, people who  
have had rather intense experience with the drug  
scene. Just in brief to state where I am, I think  
that any kind of law that causes young people to be  
beaten up and thrown in jail for any term at all,  
let alone the longer terms that have been



1  
2 imposed on them, is ludicrous And it calls  
3 into disrespect the law that we try to uphold.....

4 This is something that I think Jeremy Benton  
5 and political professors talk about, and the  
6 more we undermine it the more useless it becomes  
7 and the more reactions there are against it.

8 There is not one I know who smokes marihuana  
9 who can possibly conceive of it as a crime.

10 I have read the relevant material on this.

11 I have read the report of the British Indian Hemp  
12 Commission in 1890 which describes very carefully  
13 what marihuana is all about. I have also  
14 read -- I don't know if everyone here has -- I am  
15 sure, the LaGuardia report that has already been  
16 mentioned, and I don't want to go into that.

17 I don't think anyone has to any more. But  
18 from my own personal experience I don't know  
19 of anyone who uses grass who can possibly think  
20 of it as a crime. And that is very bad for their  
21 sakes because they can't think of it as a crime.

22 There are two things happen: one is that  
23 they are not careful, they are not cool enough,  
24 they think it is a real happy thing--like who  
25 could possibly put me in jail for this. And then  
26 wham, a narc. comes by and they are put in jail.  
27 This is a very bad thing and they think about  
28 it again.

29 What was I going to say now?

30 The other unfortunate thing now, and this is really





unfortunate, is that--this is sort of a marketing problem, this buying and selling of grass. People who use grass find that if they go out with ten dollars they can buy a dime bag, and a dime bag is about that big. You can roll about maybe ten joints from, it. You can buy an ounce for twenty dollars, so obviously from one ounce you can make, Oh, what, about fifty. So it is a bargain. So you can buy an ounce, and you get your own grass free and then pass on the rest to somebody else and everybody gets a bargain out of it. So this leads young people into marketing marihuana. It just seems that natural thing to do, and that starts them into an using dope in general. And this is the only connection I know between marihuana and the harder drugs. I know of almost no case of any kids who are dealing in drugs where they deal in heroin smacked quite frankly, scared the hell out of them and they don't want any part of it, they are into having a good time, they are into the camaraderie and the friendship and they say they are coming with grass and they stay there. The dangerous thing that has been happening lately in this way, is that they get into dealing with speed. Now, another thing that I would like to mention here, when I get to speed, is this: speed is a killer.



1  
2 it is in wide use today. It really is.

3 I would like to remind you, all  
4 you people here, the first time you smoked a  
5 cigarette and how sick you got. I remind you  
6 the first time you were drinking gin, like  
7 when maybe you were fourteen or something like  
8 that. You know, it is hard to control these  
9 things, and you got really sick. Heroin is  
10 another thing. It is really hard to get  
11 addicted to heroin; it just makes you sick  
12 as hell. Grass is not easy to get addicted  
13 to -- I shouldn't use that word, it is the  
14 wrong word--to learn even how to smoke it,  
15 because it doesn't give pleasure the first  
16 time. You sort of have to get used to the  
17 idea; it is like martinis, it is like all sorts  
18 of other things. And hash is about the same.  
19 Many people when they first try hash  
20 get quite sick, and many people don't know how  
21 to get high. They smoke and they say,  
22 "I am not high? What's the matter, isn't this  
23 stuff working?" And the people watch and laugh  
24 and say, "You are making it all right,

25 but it takes some effort" That is the  
26 point I am making.

27 Now speed doesn't take any  
28 effort at all. If somebody shoots you up with  
29 speed, man, Pow! You are there. It is a  
30 fantastic feeling of well being and a feeling of





1  
2 great power and strength and joy and happiness,  
3 especially power. It gives you a feeling that you  
4 just walk down the street and everybody will get  
5 out of your way, it is going to be a happy day. And  
6 that is a serious danger with speed. I have never  
7 yet resolved in my mind Dr. Lehmann's question about  
8 why we should make decisions about who can take what  
9 drug. I think that that was what he was getting at  
10 when he asked about prescriptions and whether or not  
11 --drugs and tranquilizers and so on--should be taken  
12 off the prescription list. Timothy Leary says that  
13 no man has the right to prevent another man from  
14 altering his consciousness. I am still not sure  
15 about that. I haven't thought about it long enough.  
16 But when speed comes up, I see a real trap because it  
17 is so attractive, it is so easy to get and it is  
18 really dangerous. In other words, people who really  
19 don't know what they are doing can be led into it,  
20 and that drug can be pushed. In other words, you  
21 can shoot people up five or six times in a row  
22 and they are hooked and then they come back and  
23 then the next time they have got to have five dollars  
24 you know. This is a really nasty thing, and it has  
25 nothing whatever to do with the whole area of  
26 marihuana and hashish and hallucinogens. It is a  
27 really different scene,  
28  
29  
30





1  
2 but it is related directly to this.

3 THE CHAIRMAN: How is it related?

4 MR. JONES: How is it related?

5 As I said, it  
6 is related in several ways. But the way I just  
7 described, it is the marketing condition, condition  
8 of sale that people get into selling by and large.

9 For instance, supposing the narcs are  
10 successful and bust all the marihuana dealers  
11 in town and dry up the supply, then some of the  
12 dealers, although most of the dealers that I  
13 know will not sell speed. Most of the dealers  
14 that I know who do marihuana won't sell speed  
15 because they don't want that on their conscience

16 But some of them, without really too much  
17 intent, get into it where there is no grass  
18 and there is no hashish and none of the other  
19 popular drugs. Then they find it easy to sell,  
20 and the risk is much less, the risk of capture  
21 and punishment is less and the turn-over is  
22 great. Like if you can get a lot of young  
23 mindless kids hooked on speed, you can make a  
24 lot of money. Now some of these people,  
25 this occurs to them and they are not Mafia,  
26 hoods or anything like that--but they get into  
27 it and since under the law all these things  
28 are equal, it is  
29 surprising more of them don't start getting  
30 heroin, because the laws are so severe against



1  
2 marihuana that there is not much  
3 difference in it in their minds.

4 MR. STEIN: How do you handle  
5 the situation in Rochdale itself? Would you  
6 care to comment on this? In other words,  
7 I am from another part of the country. I am  
8 a victim of the myths and all the stories that  
9 filter over the Rocky Mountains about Rochdale.

10 Anyway, I am interested in how  
11 we deal with the use of speed in Rochdale.

12 MR. BRADFORD: Speed is forbidden.

13 MR. STEIN: Is that a new  
14 phenomenon?

15 MR. BRADFORD: Yes, that is a new  
16 phenomena.

17 THE CHAIRMAN: What is the sanction  
18 of the ~~criminal~~ law?

19 MR. BRADFORD: In our place, you  
20 get thrown out immediately.

21 MR. STEIN: Is that a recent  
22 development?

23 MR. BRADFORD: No, it is a  
24 development that has been on the books for a long  
25 time. But when there is a new Board of Directors,  
26 elected in June, I was elected and we  
27 enforced it. You can ask actual questions  
28 about security you can ask the head of our  
29 security department, Mr. Hummel over here,  
30 and you can ask any questions you have about that.





1  
2 MR. HUMMEL: My name is Rod Hummel  
3 and I am head of security for Rochdale. I might  
4 say that I was asked to take this job because  
5 of the problems in the building. We had  
6 no co-operation from the police; they just  
7 simply would not come in the building. When  
8 this Council took over, there were guns in the  
9 building and there was a lot of dangerous drugs.  
10 I don't mean cannabis; I mean things like  
11 heroin and speed. Speed is illegal in our  
12 building. If I come upon speed in my rounds,  
13 and I do look for it, I immediately phone the  
14 police and these people are legally busted,  
15 and there is no game about it. Now, a while  
16 ago I had an incident to bust somebody with  
17 speed who was attempting to shoot up some poor  
18 young people from Sudbury, who really didn't  
19 know what it was all about. They came to  
20 Rochdale to see what was happening. I phoned  
21 the police and found out that legally no case  
22 could be put against people for possession of  
23 speed. We have people who hang around the  
24 building, who were there two years ago, and  
25 were ordinarily very nice people, and now they  
26 are completely insane. And these who  
27 people who have used speed, and used it regularly.  
28 And the average life of a speed freak seems  
29 to be about four to five years.

30 THE CHAIRMAN: What do you



1  
2 recommend should be done with speed in society,  
3 as a whole, to carry out the policy which you  
4 have in Rochdale?

5 MR. HUMMEL: Well,  
6 where can people get reliable information?  
7 I might suggest that the information is already  
8 there, it is just a matter of making the kids  
9 believe it. There have been so many myths  
10 about marihuana and some of the other drugs  
11 that the young people are just saying; you lied  
12 to me before; why should I believe you about  
13 speed? The danger about speed is that speed  
14 is shot. It is injected directly into a  
15 vein. That means that if there are any  
16 contaminants in the speed, some powders that  
17 look like speed, strychnine, or other powders  
18 like this which are used, it goes directly into  
19 the vein and this is part of the reason why we  
20 have freak outs.

21 THE CHAIRMAN: Should the law  
22 be amended against things such as speed? It deals  
23 now only with possession and trafficking.

24 MR. BRADFORD: Could I just go  
25 on with what he said? I think there are two  
26 interesting things that have been raised.

27 The first is that here is a drug.

28 A large representative of a drug subculture  
29 comes to you and tells you it is a killer. And lots  
30 of people say <sup>that</sup> there is widespread use of this





1  
2 drug, as energizers or mood changers. Lots of  
3 ladies and lots of gentlemen pop them in their  
4 mouths before important meetings. The Com-Poz  
5 commercial is a logical example of that. But  
6 the real thrust of the question is a question  
7 of attitude and attitude change.

8                   Now when this Council came to be  
9 elected at Rochdale, the attitude of the kids  
10 towards the policemen in the building was hate.  
11 If a cop came in the building, the elevators got  
12 turned off. And there was no way in the world they  
13 were going to get in that building. It is big  
14 building. It is eighteen storeys. Now they come  
15 to Security and say, "Call the Police, something  
16 is happening". Now that is because the same kind  
17 of approach has been taken to the attitude.

18                   Drug problem is another problem  
19 of attitude. Speed is a most ubiquitous drug right  
20 now. You can go to any high school in Toronto. I  
21 will take you to high schools in Toronto, and you  
22 will get speed before you will get grass any day  
23 of the week. The point is this: by having a law  
24 that makes cannabis which--the research shows for  
25 example that people are socially responsible. The  
26 one report in science is that people can drive  
27 without impairment under cannabis. The report in  
28 Science suggests that perhaps minimal  
29  
30





1  
2 social skills and minimal intellectual skills  
3 are not impaired and may be improved in some  
4 areas. And the research questions that are being  
5 asked are not the proper ones. But in any event,  
6 it is well known that in the so-called subculture  
7 grass is a more innocuous substance--grass and  
8 hash, are much more innocuous substances than speed.  
9 But you have the same with this problem. You have  
10 a heavy-handed law about something that is much  
11 more innocuous and we have a law that we can't  
12 get enforced about a killer, speed.

13 Dr. Lehmann: Let me make a  
14 point about speed. I quite agree that if methedrine  
15 is shot into the vein it is disastrous, definitely  
16 self-destructive. But if somebody takes five or  
17 ten milligrams of amphetamine once a day or once  
18 a week, this is not. Now would you call that speed  
19 too? And do you think there should be legislation?  
20 And how would you make the difference? If there  
21 should be legislation against speed, then would it  
22 be that possession of five milligrams of amphetamine  
23 would be an indictable offence, or what?

24 Mr. BRADFORD: I would suggest to  
25 you that perhaps the difference between once a  
26 day and once a week is a large difference. I will  
27 tell you as a fact that lots of people who do,  
28 let alone on dexadrine  
29  
30



1 and things like that, do them more than in 5 or 10  
2 milligram doses. That is how kids used to get hooked on  
3 speed; they'd start popping these pills which are so easy  
4 to get. They would say, "Well, why don't you shoot it?"

5 DR. LEHMANN: But there are kids who  
6 smoke five or ten grass joints a day, and that is  
7 not so good either, probably. What about their lungs?  
8 This is abuse. And you are talking about the abuse of  
9 amphetamines.

10 MR. BRADFORD: Well, I am suggesting --  
11 if you want to grapple -- perhaps that is your real  
12 question, how do you explain to people, that  
13 something which is being used in large quantities

14 three grams a day, (we had people in Rochdale who  
15 shot three grams a day -- stuck it in their vein and)  
16 there are kids all over the city who are shooting that  
17 much a day, lots of them, probably some of the kids who  
18 come here and talk to you -- and that's a very important  
19 question. It can't be passed off by saying, "What about  
20 5 milligrams for a housewife?"

21 THE CHAIRMAN: But we have  
22 agreed here that you say this should be prohibited.  
23 We are asking for help and advice as to how this  
24 can be effectively coped with. I mean there are  
25 social controls. We know that. What can the  
26 law do effectively?

27 MR. BRADFORD: Well, one thing  
28  
29  
30





1  
2 you can do is consider that law in relation to  
3 the laws affecting other drugs. If you are  
4 going to make a fairly innocuous system illegal,  
5 then keep it illegal and make a fairly harmful  
6 system --

7 THE CHAIRMAN: We are trying to  
8 find out how to deal with this very serious  
9 problem.

10 MR. BRADFORD: I am trying to  
11 explain to you that in my view you can't  
12 deal with that serious problem in vacuo.  
13 It has to be dealt with in relation to the rest  
14 of the things that are going on--the so-called  
15 hippie subculture specifically. One of the  
16 reasons that kids so much,  
17 is that there isn't that much grass around.  
18 And one of the reasons that there is not that much  
19 grass around is because it is illegal, and the  
20 R.C.M.P. made nine hundred arrests last year  
21 90% of them were for grass.

22 THE CHAIRMAN: Well, how can  
23 the source of speed be effectively controlled?  
24 What is the source?

25 MR. HUMMEL: I would like to  
26 suggest that with speed there is a different  
27 problem that arises than with something like  
28 cannabis. Speed is very very good when you  
29 first shoot it. But there is such a thing as  
30 coming down, and when a person is coming down,



from speed, the expression you have heard before is power, which is referred to as a power trip, in colloquial language, because it is very dangerous. People are tempted to carry guns etc., etc., because they become peranoïd and they are very miserable when they are coming down. It is much easier for them to turn on, stick another needle in, and go up again, than it is to actually come down. And it is really easy to overdose if you are using a needle or if you are putting something into your stomach that is a delayed reaction.

It affects you immediately, and I think there are medical reports which prove that smoking too much grass or hash will simply put you to sleep, where you can smoke no more grass or hash and go no further than this.





1  
2 can set up. There are many kinds of  
3 amphetamines, the commonest one around is  
4 methencyclihydrochloride, I think, and I  
5 myself have seen formulas for making speed in  
6 kitchens etc., etc., because speed is not  
7 illegal to possess. It is very easy to  
8 transmit it across the country, Nobody is being  
9 worried about being busted for speed. They  
10 can carry enough dosage for ten heads right  
11 down the main street of Toronto and they can  
12 deal it out and it is available when everybody  
13 else is hiding because of the R.C.M.P. for grass.  
14 The young kids come to this trip. They come to  
15 their local dealer to pick up their annual bag  
16 of grass. If he doesn't have it, he is likely  
17 to turn around and say, "well I don't have any  
18 grass, but here, take this". And they get right  
19 into this whole thing of the first one being  
20 free, and it is not a myth. There are eleven  
21 year old chicks -- I was going to say chicks,  
22 but girls, because I don't know -- I don't look  
23 like a cop or a policeman, and if I am standing  
24 in front of the building, I have had eleven  
25 year old girls come and ask me for speed.  
26 They don't ask me about grass. Now how can  
27 you control it when there is no law against it,  
28 and it is easy to manufacture. I don't know.  
29 There are many -- there are dexadrines etc.  
30 etc., which can be rendered down or used just as





1  
2 they are and shot.

3 THE PUBLIC: Mr. Chairman, I would  
4 like to speak to that question. I don't think  
5 you can effectively hope to legislate against speed  
6 or the amphetamines. What I would suggest however,  
7 is that through a program of education you can make  
8 people aware of the problems inherent in taking  
9 speed, particularly in cranking it, and I don't think  
10 people are so illogical that once they are informed  
11 that in fact if they have been given the straight  
12 dope, they will continue to use it. But as far as  
13 actual legislation goes, I think it is very difficult  
14 on that. Possibly just consider it as a controlled  
15 drug.

16 MR. CAMPBELL: In this vein, if I  
17 could raise a question, if anybody would care to  
18 answer it, it has been suggested to us, and I think  
19 with some plausibility, that marihuana or hash are  
20 drugs that have appropriateness to the mood, the  
21 tone of living of many of the people you are talking  
22 about, people who perhaps see cannabis as a drug of  
23 peace, a peaceful drug, who see alcohol as a more  
24 violent one. It has also been suggested that--and you  
25 suggested it yourself--that speed is a drug of  
26 violence. There is the fact of the power trip; it  
27 is also a drug that is a beautiful drug for a person  
28 who is depressed. Now I think we are faced with  
29 the fact that in many high school  
30



1  
2 populations at least, given virtually--many will  
3 take speed. I know there is the economic problem,  
4 there is the legal factor, which I think is a  
5 partial explanation. I am wondering, if there is  
6 something in the quality of this drug that makes  
7 it appropriate to the high school years for these  
8 people. Would this in fact be a body of significant  
9 evidence of widespread impression among these people?  
10 I have had this suggested to me by psychiatrists.  
11 Are these people who deal particularly with hope for  
12 powers and speed has an impact? Now if this hypothesis  
13 is right to any significant extent, the enforcing  
14 problem becomes a greater one.

15 MR. EVITTS: I was concerned because  
16 I saw that people who got involved with speed are  
17 people who have definite social problems, and there  
18 is no way of really answering the question that is put  
19 to us by Mr. DeDain. You have to deal with the  
20 underlying special problems that existed, and that force  
21 people in some ways to become involved with this type  
22 of drug and in fact possibly it is quite true. I  
23 know from my own experience, being a Grade 12 drop  
24 out, there is a great deal in the whole high school  
25 situation to force people into using these kinds of  
26 drugs. It is a depressing experience, it is a power-  
27 ful experience. And these are the social  
28  
29  
30





1  
2 problems that we have to contend with.

3 Trying the punitive approach, to deter speed  
4 use, to my way of thinking is probably as  
5 absurd as the present deterrent approach to  
6 the control of cannabis.

7 MR. CAMPBELL: Taking what you  
8 say and accepting it, I won't argue. But what  
9 you are saying implies a very long term solution.  
10 They are not solutions of this year or next year.  
11 But in the meantime would it make sense to you  
12 to say that this is an adequately dangerous  
13 thing that perhaps the law won't work at the  
14 individual user level, but the law should be  
15 applied very rigorously indeed at the level of  
16 the person who would sell speed to the high  
17 school students? If this person can be just  
18 said to be too damn dangerous to have around,  
19 then the best way is to eliminate him.

20 MR. EVITTS: I would agree with  
21 that, but the problem becomes one of how do you  
22 deal with these police problems. Ignoring that  
23 I would say yes, that the thing to do is deal  
24 as harshly as possible with those responsible  
25 for trafficking in drugs such as speed, and with  
26 as much haste as possible, because with the  
27 generation of ten to twenty years old right now,  
28 who are not going to be worth shit in five  
29 years ---

30 ROCHDALE MEMBER: Excuse me,



1  
2 I want to answer your question.

3 I want to convince doctors to  
4 stop taking it so their patients won't take the  
5 example from them to give in fact, people to use  
6 their will power, to stop eating instead of  
7 feeding these little pills and to convince  
8 the kids that striking someone will not impress  
9 him as much as outtalking him. And this goes back  
10 to - twenty years ago, when my father's  
11 generation got together and started -- the  
12 words would be better than hitting, but they  
13 haven't -- I don't know whether they believed  
14 it or not, but they haven't taught their children it.  
15 Because physical violence and the modes of  
16 physical violence and the metaphor of direction  
17 which is the direction of two thousand people  
18 together, direction in the theme, because when  
19 you are living together, you think more of group  
20 direction than individual direction. The  
21 adolescent/<sup>who</sup> is trying to find individual direction  
22 among a large group is confused. In  
23 conclusion I think -- these things I am treating  
24 with causes of the volume of speed, not so  
25 much in existence. I mean it is going to exist.  
26 There are medical uses for it, it is a relevant  
27 drug. But the amount that is kept in stock  
28 by some doctors, the liberality with which it is handed  
29 out to doctors is ridiculous.  
30





1 MR. CHAIRMAN: I asked you what the  
2 sources of speed were, and I asked you how it could  
3 be controlled, and now I am beginning to get an  
4 answer or a fuller answer. Do I understand you to  
5 say that the sources, the legal sources if you want,  
6 the prescription sources of these drugs, find  
7 their way into this illicit use?

8 ROCHDALE MEMBER: When the speed  
9 problem began about two years ago, when it  
10 started to pick up, the metaphor could be said  
11 that every time you say a fat boy or a fat girl  
12 about sixteen walking along the street, you  
13 knew that he was going to be a source for his  
14 friends that were interested in it, because  
15 they would get it by prescription from their  
16 doctor. Furthermore, if one of their friends  
17 happened to be brave enough or foolish enough,  
18 or whatever, you classify a criminal instinct, he  
19 could go and steal from a doctor's office, break  
20 in. If you inquire of the police, starting in  
21 the summer of 1967, this became much more prevalent  
22 because it became a source of funds. If you break  
23 into a doctor's office, and steal fifteen or  
24 twenty pounds of pills, each one of them powerful  
25 enough to cause somebody to become a speed freak.  
26 They are the little ten or fifteen milligram  
27 poppies, the little things that you  
28  
29  
30





1  
2 pop in your mouth. But you can eat a whole  
3 handful of them. Again, another thing that came  
4 up, was that when you come down from speed you  
5 have this feeling of depression and so on, which  
6 can be equated with a hangover. One of the arguments  
7 that I have used, and some other people have used,  
8 to people who take speed is, if it has a hangover, it  
9 must be poisonous. I believe in a general sense  
10 without being specific, this is true. You are  
11 poisoning yourself, you know, you say your uncle  
12 drinks too much, and he is poisoning himself, he  
13 is turning purple, you are poisoning yourself with  
14 the little pills and we--since marihuana doesn't  
15 seem to have any hangover, we assume being otherwise  
16 uninformed, that it couldn't possibly be poisonous.

17 Thank you.

18 THE CHAIRMAN: The lady at the  
19 microphone?

20 THE PUBLIC: Yes, I would just like  
21 to emphasize what this man is saying. I am  
22 speaking as a pharmacist, or as a pharmacist student,  
23 and in my limited time in pharmacies, I have come  
24 across several forged prescriptions and a lot of  
25 drug abuse.

26 THE CHAIRMAN: Excuse me, we  
27 have a little difficulty hearing here sometimes.  
28 You have come across several what prescriptions?  
29  
30



1  
2 THE PUBLIC: Forged.

3 THE CHAIRMAN: Forged prescriptions.

4 THE PUBLIC: And I think we cannot  
5 let the medical profession off the hook here.  
6 There is too much medical drug abuse as opposed  
7 to non-medical drug abuse. The doctors have to be  
8 more careful with their prescription pads, let alone  
9 how they hand out their prescriptions and whom they  
10 hand them out to. A mother gets a prescription  
11 for her diet pills and the kid sees them at home and  
12 the kid is going to recognize what they are, if the  
13 mother doesn't. I think it is up to the medical  
14 profession greatly to emphasize where these drugs  
15 are being passed out and who is using them, and  
16 to what extent they are being used, and I think  
17 the medical profession is quite lax in this.

18 I would like to ask these  
19 gentlemen if they know where the greater proportion  
20 of speed is coming from. Is it done in the kitchen  
21 sink, or is it done from legal scripts?

22 MR. HUMMEL: I think the majority  
23 is made illegally. This is the majority of the  
24 pure methamphetamine or hydrochloride or other  
25 things that are shot. The majority of things,  
26 like the little pills you said to be prescription.  
27 I don't know if you are aware of it, but  
28 there are black market factories  
29  
30





1  
2 that make everything from aspirin right through  
3 to LSD and all of these other things, and  
4 the government has very little control over  
5 these, because they are actual set-up plants  
6 which convert. They may take some plant  
7 that is producing something non-medical and  
8 convert it for a week, and actually use this  
9 to make speed etc., etc., etc. And I  
10 think you can see what happens when you use  
11 a plant that produces some other drug and  
12 vats and bins aren't cleaned, or  
13 the buffing machines aren't cleaned, and you get  
14 contaminants, and since this  
15 is shot, it is really dangerous. But there are  
16 things out on the market that come straight  
17 from the hospitals. They are sealed,  
18 methamphetamine hydrochloride, and they are  
19 sealed in glass vials, and they are pure speed,  
20 and the only place these are available is  
21 from legal supply houses and doctors.

22 MR. BRADFORD: I would like to  
23 just answer once again a fair answer to your  
24 question, Dean LeDain, one that encompasses  
25 all three areas, medical, professional area.  
26 Our lawyer was going to submit a brief with  
27 us, which read:

28 "I really wish that you guys

29 "would legalize marihuana  
30



1  
2 "because I am sick and tired  
3 "of being the only person  
4 "in the world deterred by your  
5 "laws." I don't want to be disbarred".

6 with  
7 And yet/doctors and other professionals,  
8 again there is a conflict in attitude. There is  
9 a paradox that is blamed, have access to speed  
10 in huge quantities and clearly -- the origins of  
11 the problem -- and a lot of the stuff on the so-  
12 called black market or the drug culture market,  
13 does come from doctors and hospitals and  
14 pharmacists and so on. It is also fair to say  
15 that lots and lots of drugs are being made  
16 illicitly now, but the problem is essentially  
17 one of grappling with the kinds of  
18 attitudes. You have underlined these different  
19 things.

20 THE CHAIRMAN: Gentlemen, I think  
21 because of the time, and pressure this afternoon,  
22 that I am obliged to conclude this discussion.  
23 I hope we will have further opportunity on the  
24 Commission to take advantage of your knowledge  
25 and your views. Now, thank you very much  
26 for coming to assist us this afternoon, and I  
27 call upon Mr. Craig Paterson of the University  
28 of Western Ontario.

29 DR. LEHMANN: Mr. Paterson, you  
30 are from the Faculty of Law of the University





1 of Western Ontario. Could you tell me who  
2 you are representing in your submission?  
3

4 MR. PATERSON: Yes, I am the  
5 president of the Students Legal Society at the  
6 University of Western Ontario.

7 DR. LEHMANN: The Students Legal  
8 Society.

9 MR. PATERSON: Which is an  
10 undergraduate legal society which represents  
11 the three hundred students in the faculty of  
12 law at the University of Western Ontario.  
13 May I say I believe you do have a copy of the  
14 brief before you and before I begin with a  
15 few comments concerning the brief, I might say  
16 as at this date the principals and the recommendations  
17 included in the brief have been endorsed by the  
18 University Students Council at the University of  
19 Western Ontario, which is a representative body  
20 of the undergraduate students of ten thousand,  
21 by the legal society at the University, and by  
22 the Hippocratic Council of the Faculty of Medicine  
23 at the University of Western Ontario, which is  
24 a students undergraduate body there. The brief  
25 has also been sent to the Canadian Association of  
26 Medical Students and is currently being reviewed.  
27 I hope and expect endorsement will follow in the  
28 next few weeks. It has also been sent to the  
29 Ontario Law Students Association and an organization  
30 in Quebec. It is hoped you will





1  
2 receive endorsement within the near future.

3 I won't go into the brief in detail,  
4 as you do have it before you. The brief is  
5 divided fairly roughly into two parts. The  
6 first part deals with controlled mechanisms, which  
7 is my word for laws or regulations, and the  
8 second part deals specifically with marihuana.  
9 I think enough has been said this afternoon  
10 concerning marihuana and so I am going to  
11 just keep my comments to the control mechanisms  
12 part, the part that concerns me the most and  
13 I think concerns the societies which I represent  
14 the most. The problem of control is one  
15 that has been raised on a number of occasions this  
16 afternoon, and this morning, and let me say  
17 that I think we should analyse  
18 this problem very, very carefully. On a  
19 number of levels it can be said that our society  
20 should not at all control the non-medical  
21 use of drugs. I won't go into the political  
22 science or the jurisprudential concepts which  
23 one could propose which would back this  
24 statement. I could read some quotes from  
25 John Mill and Jeremy Bentham which I think would  
26 exemplify what I say. But you know what they  
27 said, that society should only invoke those  
28 control mechanisms which would prevent  
29 individuals from doing harm to others.

30 Now, one can argue that harm is a



1  
2 pretty loose term and may include physical  
3 harm, it may include moral harm. But essentially  
4 that is a question of degree in a sense of harm.  
5 But I think it gives us a pretty rough guideline.  
6 Certainly he was being a little dogmatic in his  
7 assertion, but it certainly ~~gives~~ us a rough  
8 guideline as to the types of situations that  
9 should be controlled by society. The  
10 individual use of substances for the gratification  
11 of that individual, where no serious or physical  
12 moral harm can be shown to result

13 to the individual application  
14 of this use, it seems to me that in these  
15 situations society should examine very carefully  
16 the reasons why we would want to  
17 control that individual use. Certainly some  
18 jurisprudence would say that the concept of Mill  
19 needs clarification and that we should also  
20 control activities. We should introduce a  
21 paternalistic concept, and we should probably  
22 get control mechanisms  
23 which through the mechanisms of an individual  
24 morally harm others. It is in the moral  
25 harm that can result to others through the  
26 individual use that we should be specifically  
27 or very carefully concerned <sup>about.</sup> We should tread  
28 very lightly in this area. We should go  
29 very slowly before we control activities of  
30 individuals which may or may not bring about





1  
2 moral harm to other members of the society.

3 And let me say that,

4 the considerations have been proposed  
5 in this way. We shouldn't be concerned with  
6 activities that harm the society, rather we should  
7 be concerned with that that harms individuals.  
8 The society has been one that has been battered  
9 around this afternoon, either directly or  
10 indirectly, and it seems to me that this --  
11 just to get to marihuana for a second--this is  
12 the main reason why to this date we have  
13 prohibited the possession and the traffic  
14 and possession for the purpose of traffic of  
15 marihuana, and that is because we have some  
16 conception of society which we think must be  
17 maintained rather strenuously.

18 The only medical and psychiatric  
19 reports which I have read, which are a little  
20 reluctant about marihuana, for example, cite  
21 the reluctance or base their reluctance upon the  
22 fact that we don't know enough about the long-term  
23 effects of marihuana. Well, it seems to me,  
24 and I mention this in the brief, that the  
25 long-term effects of marihuana will never be  
26 known unless marihuana is legalized, unless  
27 you have an awfully long control group, and as  
28 a matter of fact, the psychiatric and medical  
29 studies which have been done in India and  
30 Turkey and some of the other Arabian Countries,



1  
2 based on hundreds of years of use of Ganja or  
3 Bhang, indicate very reliably that the long term  
4 effects of marihuana are known.

5 So the only argument that I have  
6 heard that bears any weight to me, is the  
7 argument that somehow our society would be  
8 changed through the use of marihuana. Well,  
9 I don't agree with that argument, I agree with  
10 the argument that runs this way;  
11 and that is that we live in a democratic  
12 community; that in a democratic community, an  
13 individual has the right to engage in those  
14 activities which do not harm physically or  
15 morally other people; and if the use of  
16 marihuana can be demonstrated, as it has been  
17 demonstrated, not to harm physically or morally  
18 other people, society has no business whatsoever  
19 controlling it.

20 I didn't want to get right into  
21 marihuana, I am sorry, but ---

22 THE CHAIRMAN: Excuse me, did you  
23 say that the long range effects of marihuana  
24 are not injurious in your opinion?

25 MR. PATERSON: Yes, I believe that  
26 long range effects means suicidal effects, and  
27 when a medical or psychiatric person is talking  
28 about long term effect he is really saying  
29 that changes in society are going to come because  
30 of these changes due to marihuana.





1  
2 I don't understand the causal effects through  
3 marihuana. Surely the short term effects  
4 as I said in my brief, I think they are reliable,  
5 and certainly the reports which have been  
6 done where marihuana has been used for centuries.  
7 It seems to present to me the long term effects  
8 are very clear.

9 Just generally then, I think we  
10 should view this drug problem, and I think it is  
11 a drug problem. In relation to all the drugs  
12 that have been mentioned, the amphetamines, LSD  
13 opium, morphine, it is my contention  
14 that we should tread very lightly before we  
15 exert any controls whatsoever over the use of  
16 any of these drugs, hard drugs or soft drugs.  
17 I realize the difficulty under which I am  
18 working, because these drugs are already  
19 prohibited, and so the onus of establishing that  
20 ~~they~~ should not be prohibited lies very  
21 strongly on my shoulders and the others who  
22 appear before you. But I think, as we said,  
23 we can make a very good argument jurisprudentially  
24 and socially that no control mechanism should  
25 be exerted over the use of drugs. I can  
26 understand the control mechanism should be  
27 exerted over the trafficking of drugs, because  
28 I think that when one traffics in drugs,  
29 one invited people, and in fact directly  
30 encourages people, to do physical harm to themselves,





1  
2 to do mental harm to themselves. I think  
3 this can be properly characterized as  
4 criminal activity and should be treated as such.

5 To make mention, then, to my  
6 assertion that perhaps we should not control  
7 any drugs, I can sympathise with the paternalistic  
8 attitude that society takes in  
9 controlling the use of some drugs, because they  
10 are dangerous physically and mentally to the  
11 person who uses them. Now the question arises:  
12 "what set of controls" and this is where my prime  
13 concern is. I very sincerely and honestly  
14 feel that the present control mechanism, the  
15 Narcotic Control Act and the Food and Drug Acts,  
16 lead to far greater abuses concerning the use of  
17 drugs than if we had no control mechanisms  
18 whatsoever. I think the results that  
19 follow from the present control mechanism can  
20 be categorized into three areas: first, of  
21 necessity, the present control mechanism induce  
22 the formation of drug cultures in order that  
23 the use of the drug can be protected by the  
24 subculture and can be furthered by the subculture.  
25 It follows from the formation of a subculture  
26 that social and cultural alienations is going  
27 to follow of necessity. But a controlled market  
28 is presented for unscrupulous and immoral  
29 people who would like to use that market in order  
30 to further themselves economically. Thirdly, and



I know this from my own experience in the City of London this summer when I observed very closely the work of the Addiction Research Foundation in London, they had a Trailer in Victoria Park in London, and they treated perhaps five hundred cases of drug abuse this summer, that the creation of a subculture--and this is a natural result, I believe, of the present laws, induces the spread of various infectious diseases--for example, hepatitis especially serum hepatitis. The action which the medical units in the City of London have had to undertake may be legally defined as illegal, in order to present some rational ways with which to deal with this problem. I talk of disposable needles and these sorts of things. All I am saying is that the subculture is formed because of the present irrational and irresponsible control mechanisms, and to treat the problems which follow, measures have to be undertaken which aren't open and don't encourage people to lend themselves to these methods of control, that the second result of control mechanisms is a disrespect for law in general.

I am not going to elaborate on that. The theory I am going to talk about in terms of the sanctions which flow from the present law in terms of controlling mechanisms





1 I think they are largely irrational. As the last  
2 speaker pointed out, penalties for trafficking in  
3 amphetamines is presently ten years, and trafficking  
4 of marijuana is life imprisonment.  
5

6 It seems to me that up to the area  
7 of sanctions and all through the control of the  
8 Food and Drug Act, no philosophy of drug use can be  
9 ascertained. I believe Dr. Lehmann this afternoon  
10 was talking about the validity of laws and the  
11 communication of justification.  
12

13 I would put to you Dr. Lehmann and  
14 members of the Committee, that the law itself  
15 should communicate justification, it should be  
16 evident from the rationalization of the law and  
17 the content of that law, that the law itself is  
18 justified and serves a rational purpose. The  
19 sanctions which are imposed necessarily result in  
20 people being incarcerated, with the result and  
21 effects of incarceration; jails, penitentiaries,  
22 homosexuality, retardation of educational  
23 opportunities and others. The basis upon which  
24 sanctions, it seems to me, are usually justified  
25 are three, retribution--and I don't believe with  
26 the use of drugs it follows from the philosophy  
27 in the brief, demands retribution, secondly,  
28 protection of other people, and I say other people,  
29 not society. I don't believe that other people  
30 are being protected because no physical or moral harm



1  
2 results to other people from the use of drugs.  
3 Heroin, opium, amphetamines, whatever, cause no  
4 physical or mental harm to other people.  
5 Therefore the protection of other people  
6 from that aspect of sanction is null  
7 and void.

8 Deterrent. It seems to me  
9 that this is an over-worked area of  
10 the sanction bag, and I am not fully convinced  
11 that any sentences have a deterrent effect  
12 especially upon the young, especially when the  
13 sentences are not fully appreciated by the young,  
14 especially when they are in subcultures, and  
15 the overwhelming feeling of taking a drug or  
16 using a drug renders the deterrent effect  
17 of sanctions I think quite useless.

18 I think the present sanctions are  
19 not doing a job which we would hope they would  
20 do. To go from this, then, the first part of  
21 the brief proposals, that a system of control  
22 mechanisms be recommended to the Government of  
23 Canada which reflect the fact that the  
24 individual use of drugs is a personal matter,  
25 and is a medical problem solely, not a legal  
26 problem. This would include all drugs, all  
27 narcotics, LSD, amphetamines and the rest,  
28 not just marihuana. It seems to me that  
29 we cannot logically justify the usual criminal  
30 sanctions in the cases of any drugs. As I



1  
2 said, I think we can justify them in terms of  
3 trafficking, possession for purposes of  
4 trafficking, but not for purposes of possession  
5 at all.

6 This is not intended to be  
7 a practical brief, but I have recommended, I think,  
8 some factors for recommendations which can be  
9 undertaken for the present difficulties.

10 One of them <sup>it</sup> seems to me, which is particularly  
11 vexing, is the legal hiatus - the definitions.

12 The definitions are for  
13 convenience only. They have no medical value  
14 whatsoever. Especially the definition of  
15 narcotic which defines a narcotic as anything  
16 included in the schedule. It seems to me  
17 that something should definitely be done about  
18 that. Secondly, definition of a narcotic  
19 addict in subsection one of Section (f), section  
20 2 of the Act, which defines a narcotic addict  
21 as somebody who has developed a desire for need  
22 to continue to take a narcotic.

23 This is medically unsound. It  
24 is logically unsound. In fact, subsection 2  
25 lacks medical merits from my understanding of the  
26 proper definition of understanding. It says  
27 psychological or physical dependence.

28 Psychological dependence is a pretty catch-all  
29 term, <sup>from</sup> my brief medical knowledge. It could  
30 include in the proper circumstances apple juice,





1  
2 if I am not mistaken, and so psychological  
3 dependence is a rather irrational basis alone,  
4 which it is in effect, psychological or  
5 physical dependence to define addiction.

6 I have offered three definitions  
7 which might be incorporated for narcotic addiction,  
8 or a narcotic addict, which seem to me to be  
9 medically and legally sound.

10 I would entertain any questions  
11 concerning the brief. Might I just add that  
12 in terms of marihuana, from page 8 to 16 in the  
13 brief, I have cited the reports which I think most  
14 closely touch on the situation. I am sure you  
15 are all aware at this point that I could have gone  
16 on at some length about the report which has been  
17 done, but I simply capsulized the reports  
18 which are here, and recommend that marihuana  
19 be removed from the list of prohibited drugs  
20 pertaining to the Drug Control Act. I think  
21 that marihuana should be made available in much  
22 the same manner as alcohol. I think the  
23 federal government should provide control  
24 mechanisms to insure the distribution, and I think  
25 that the domestic use of marihuana should be  
26 controlled by strict licensing by the government  
27 or whichever government is most deemed appropriate  
28 to ~~ensure~~ high standards of production and  
29 quality. This highlights ~~one of~~ the problems  
30 which marihuana users face, and that is adulterated



1  
2 marijuana. And the last recommendation is that  
3 appropriate federal or provincial bodies undertake  
4 a broad educational program which will assure  
5 guaranteeing responsible public consumption.

6 I will entertain any questions.

7 DR. LEHMANN: You recommend  
8 legalization of marihuana or cannabis, with the  
9 government taking the responsibility for production  
10 and quality control, and you recommend change of  
11 definitions, operational definitions now in the  
12 law which are not simply or logically sound. Your  
13 philosophy then, to a certain extent, you sympathize  
14 with a passivistic philosophy, and on the other hand  
15 you want to be more liberal under the laws now; is  
16 that it?

17 MR. PATERSON: The prime thrust  
18 of the brief, just to reiterate, I think, is to  
19 treat the possession of all drugs medically, and  
20 not criminally. I think the Commission should  
21 very carefully consider the possibility of removing  
22 the offence of the possession of drugs from the  
23 control of the present judicial system.

24  
25 THE CHAIRMAN: What does that  
26 mean? "Treatment medically". Invite the medical  
27 profession to exercise a control over them?

28

29

30





1  
2 MR. PATERSON: Yes sir, Dean McDain  
3 I believe the medical profession is far more  
4 qualified than the legal profession, and by legal  
5 profession I mean penitentiary officials, police,  
6 the courts and lawyers.

7 THE CHAIRMAN: But you don't mean  
8 lawyers actually handling the drugs or prescribing  
9 them. We are speaking of the legal controls as  
10 opposed to making the control the doctor's decision  
11 in an individual case, expressed by prescription,  
12 generally. Are you suggesting that we remove all  
13 the regulatory control expressing in legislation,  
14 and leave it to doctors' and physicians' discretion?

15 MR. PATERSON: Well, what I am in  
16 favour of, is some sort of drug control board, which  
17 would correspond roughly to the present Federal  
18 Food and Drug Directorate, which I believe has  
19 responsibility for including drugs or deleting  
20 drugs from the present Prescriptions Acts, and  
21 the Food and Drug Act.

22 THE CHAIRMAN: How would speed  
23 be handled in your system of controls?

24 MR. PATERSON: Speed would be  
25 handled in the same way. It should be handled  
26 in the same way that heroin is handled, that is  
27 that there be offences for trafficking, possession  
28 for the purposes of trafficking, that  
29  
30



1  
2 there be no offence for possession, that there  
3 only be an offence in the sense that society  
4 recognizes that the possession of amphetamines  
5 is dangerous physically and mentally to the  
6 individual concerned, and the most realistic  
7 and rational way of handling that is to treat him  
8 medically through in-patient and out-patient  
9 medical clinics.

10 THE CHAIRMAN: What about LSD?  
11 How would that be handled in your system?

12 MR. PATERSON: The same way.

13 THE CHAIRMAN: The same way as  
14 speed?

15 MR. PATERSON: That is correct.

16 THE CHAIRMAN: Do I understand --  
17 all of those drugs?

18 MR. PATERSON: That's right. All  
19 other drugs be controlled -- the Control Board  
20 would consider to be narcotic.

21 DR. LEHMANN: How would you  
22 consider tetrahydrocannabinols or hashish? Would  
23 that also have to be made available by the  
24 government?

25 MR. PATERSON: I should make  
26 this clear, that marihuana or hashish, cannabis,  
27 would not be included in a future narcotic act,  
28 as I recommend it here, because marihuana does not  
29 prescribe to the definition of a narcotic, and  
30 therefore would not be included in the Act, but



1  
2 under any circumstances, marihuana should not be  
3 included, -- should be removed from the  
4 prohibitive list.

5 THE CHAIRMAN: I am sorry, excuse  
6 me, I am sorry to have you standing for so long.

7 THE PUBLIC: I would just like to  
8 emphasise a couple of things the last speaker has  
9 been saying. It is my feeling that the problem  
10 of the use of drugs, as we are talking about  
11 primarily marihuana and hashish, is not what  
12 happens to the person because he is using drugs,  
13 but what is happening to him because he is  
14 using illegal drugs. The things that are  
15 really screwing up the kids are not having  
16 bad trips on marihuana, but getting busted  
17 because they are using marihuana or whether they  
18 are having a good trip or not, and I have a  
19 particular interest in this, because I am a  
20 chartered accountant. Not only am I risking to  
21 get thrown into jail for a year,  
22 if I have trouble with the law, I am also at  
23 the risk of losing my livelihood.

24 The second point I would like to  
25 make is I have read reports to the effect --  
26 this is getting back to your questions of speed.  
27 I have read reports to the effect that during  
28 three months of this summer in New York City alone,  
29 there has been over five hundred people died  
30 from the use of heroin and speed. There is only





1  
2 one major reason that people are dying, because  
3 they are using speed and smack and that is  
4 because the F.B.I. and the R.C.M.P. this summer  
5 have been extremely successful in drying up the  
6 grass supply.

7 THE CHAIRMAN: Well, in fact,  
8 do you really mean that  
9 statement, that the only reason ~~speed~~ is being  
10 used in any case is because grass has been  
11 dried up?

12 THE PUBLIC: I said the major  
13 reason that so many people are using it.  
14 People would be using it anyway, but not to the  
15 same extent that they are now. I am sure  
16 that if you flooded the market with grass,  
17 tomorrow you would see most of the speed freaks  
18 just disappeared.

19 MR. STEIN:  
20 After the question about handling speed,  
21 the group from Rochdale were quite adamant in  
22 this, it seemed to me. We questioned them  
23 at length on this, as to whether or not they  
24 thought legal controls were necessary in  
25 attempting to deal with the situation, and they --  
26 at least if I understood them correctly -- were saying  
27 yes, that there should be almost the maximum kind  
28 of legal police-oriented approach to keeping the  
29 lid on this. I think I understand  
30 this, but I want to understand your view on this.



1 It seems you have taken a different position?

2  
3 MR. PATERSON: Yes, I do. I  
4 disagree with them quite fundamentally. I agree  
5 that amphetamines are dangerous; I agree that  
6 we should control them, in fact I advocate that  
7 we control them. I advocate that  
8 amphetamines be controlled the same way that  
9 narcotics are controlled, but I had to say  
10 generally a distinction be made between possession  
11 and trafficking. The possession and use of  
12 drugs seems to be not a legal problem, not a  
13 problem that deserves criminal sanctions.

14 MR. STEIN: By the way, you did  
15 say possession of heroin. You inferred it is not  
16 a crime. Possession of heroin is a criminal  
17 offence.

18 MR. PATERSON: It is criminal  
19 because of financial sentences follow as possession  
20 of heroin. I think that is correct. I think  
21 we should treat these problems medically, through  
22 psychological and social rehabilitation offered  
23 through in and out medical patient clinics.

24 THE CHAIRMAN: Yes?

25 THE PUBLIC: Could I just say  
26 something very briefly about speed?

27 THE CHAIRMAN: Excuse me, I think  
28 this will have to be the last. We are a little  
29 over the time and we promised to adjourn here.  
30 I see a gentleman in the back.





1  
2 THE PUBLIC: I have lived at  
3 Rochdale for a year, I am still there, and the  
4 reason my friends are so emphatic on the issue  
5 of speed is that it results in anti-social  
6 behaviour within the community. A speed freak  
7 loses control over his behaviour and goes around  
8 smashing windows and beating people, or when  
9 he gets paranoid, he starts to arm himself  
10 with dangerous weapons. And sanctions that apply  
11 to excessive use of alcohol, as they now  
12 exist, might also apply to the excessive use of  
13 any kind of a drug. But that was the  
14 reason why people are so dead set against speed.  
15 It is what people do to others, because they  
16 themselves break down.

17 THE CHAIRMAN: Well, now, we have  
18 got to vacate this hall, we are really under an  
19 obligation to do so. We have done our best here  
20 with the time. The gentleman that is on his  
21 feet, does he insist, is it a lengthy submission,  
22 because he would be more than welcome tomorrow  
23 and we would give it proper attention, from ten  
24 o'clock on, and I suggest it would be better than  
25 us sitting here feeling rushed and not able  
26 to do it justice. I am much obliged to you  
27 for your consideration and I am sorry we weren't  
28 able to hear it. Thank you very much.

29 ---Upon adjourning at 5:00 p.m.  
30

















